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THE EFFECT OF PLANNING AND EVALUATING SUPERVISION
SESSIONS ON SATISFACTION WITH SUPERVISOR SKILLS

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Barbara Cobb Memory

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MUSIC THERAPY CLINICAL SUPERVISION: THE EFFECT OF PLANNING AND EVALUATING SUPERVISION SESSIONS ON SATISFACTION WITH SUPERVISOR SKILLS

By

Barbara Cobb Memory

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A DISSERTATION

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ABSTRACT

MUSIC THERAPY CLINICAL SUPERVISION:
THE EFFECT OF PLANNING AND EVALUATING SUPERVISION
SESSIONS ON SATISFACTION WITH SUPERVISOR SKILLS

By

Barbara Cobb Memory

Will music therapy students and clinical supervisors be more satisfied with supervision as a result of planning and evaluating supervision sessions? Supervisory pairs from the Michigan State University Music Therapy Clinic were assigned to experimental and comparison groups. Experimental group supervisors planned the content and process of supervision sessions; students and supervisors evaluated supervision sessions.

Satisfaction with the supervisor's use of specified supervisory skills was measured for overall and subscale skills (teacher, counselor, and consultant skills). A trait level co-variate was measured for students (skill level) and supervisors (experience level). Statistical analyses included one-way ANOVA, Pearson Correlation Coefficients, T-Tests, and descriptive statistics. No significant differences in satisfaction were found for the experimental and comparison groups, and therefore an ANCOVA was eliminated. Supervisors and students were significantly more satisfied with all supervisory skill areas at posttest than at pretest when treatment conditions were not considered. Supervisors

reported significant gains for student clinical skills at posttest in the areas of session management, personal skills, and musicianship, but students reported no significant gains for self-evaluation of skills in any of the five subscale skill areas.

High and low experience level supervisors reported no significantly different satisfaction at posttest, although the low experience level supervisors reported a higher mean satisfaction and higher standard deviation than did the high experience level supervisors.

No significant correlations were found for student skill level and student satisfaction with supervision or for the supervisors' and students' evaluations of student clinical skills.

An interactive model of music therapy clinical supervision, a comprehensive review of supervision literature, a discussion of findings, and recommendations for further research were presented.

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I would like to express my appreciation to many people who have helped me during my years of doctoral work and the preparation of this study. I thank the members of my doctoral committee, Dr. Melanie H. Stuart, Professor Robert F. Unkefer, Dr. Theodore [illegible] Bartlett, and Mr. Joseph Hanna, for their cooperation and assistance.

I would like to [illegible]y, Mrs. Fran Hebden, Ms. Susan Byers, and Ms. Alice Moreno, Music Department Secretaries, for their helpfulness in so many ways through the years. Special thanks go to Mrs. Ruth Parry for her assistance in collecting and coding the various tests used in this study.

For their cooperation in participating in this study, I thank the students and supervisors of the MSU Music Therapy Clinic. Mr. Robert Unkefer, Mr. Roger Smallskop, and Ms. Marianne Smith were especially helpful in reviewing the test instruments and conducting the experiment.

This work could not have been completed but for the support and kindnesses of friends to my son, Alex, and me. I would especially like to thank Mr. Roger Smallskop, Nancy and Max Justin, Lisa and Hunt Holcomb-Hunt, Kathy and Rod

To

THOMAS CLINTON COBB

and

ELIZABETH ROGERS COBB

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I would like to express my appreciation to many people who have helped me during my years of doctoral work and the preparation of this study. I thank the members of my doctoral committee, Dr. Melanie H. Stuart, Professor Robert F. Unkefer, Dr. Theodore O. Johnson, Dr. Dale Bartlett, and Mr. Joseph Hanna, for their cooperation and assistance.

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And finally, my heartfelt thanks go to my parents, Thomas Clinton Cobb and Elizabeth Rogers Cobb, whose love and loyalty are steadfast. By their example, they taught me the joys of learning and teaching, and to seek diligently worthwhile things. It is to them that I dedicate this dissertation.

So! Bring on the music and push back the chairs!
Let every song be joyful and every breath a prayer-
We've got love running over and still more to share
This is the day, this is the day!

-Carol Johnson

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I. INTRODUCTION

Background of the Study

Supervision is an integral part of the education of music therapists. Supervision during clinical training provides guided experience in working with clients, and is common in the preparation of most helping professionals, including occupational therapists, dance therapists, therapeutic recreation workers, social workers, counselors, and clinical psychologists. Supervision of music therapy students occurs in two phases of clinical training: practicum and internship.

Practicum. The practicum is a part-time clinical assignment concurrent with college coursework, usually lasting a semester or less. Academic faculty may supervise practicum students directly or may delegate supervision to other personnel; practices vary from college to college depending upon the number of faculty and students in the music therapy program, the proximity of clinical agencies, the availability of agency supervisors, and the philosophy of the academic program.

There are several approaches to supervision of practicum students. Perhaps the most common is the placement of students in area agencies under the supervision of an appropriate professional agency employee, with periodic visits and

campus-based supervision by the music therapy faculty. Another approach is the campus-based music therapy clinic, where clients come to the clinic for music therapy services which are provided by practicum students under the supervision of faculty and graduate student registered music therapists (RMTs). A third approach is the use of advanced undergraduates as "proctors" in agencies that have had practicum programs for a period of time, supplemented by group supervision on campus. A fourth approach is the reviewing of videotaped agency-based sessions by the student and faculty supervisor.

Internship. Supervision of interns is regulated by the profession's two accrediting organizations, the National Association for Music Therapy, Inc. (NAMT) (which grants the Registration credential), and the American Association for Music Therapy, Inc. (AAMT) (which grants the Certification credential). These organizations have fundamentally different views of the nature of internship.

The NAMT is the older and larger professional organization, and its Clinical Training Committee is responsible for establishing guidelines for internships and supervision. A full-time placement in an approved health or education agency which lasts six months or 1040 hours and which follows all coursework is required. The agency must meet stringent requirements for NAMT approval, including the employment of a full-time Registered Music Therapist (RMT). The RMT must provide a minimum of one hour a week of individual

supervision which is based on direct observation of music therapy sessions conducted by the student. The agency supervisor and the college faculty member confer regarding the student's progress, but the agency supervisor is responsible for student evaluation and overall clinical training (Clinical Training Guidelines, NAMT, 1983).

The AAMT was organized to meet the needs of urban music therapists in the Northeast. The position of AAMT leaders on clinical training is that individual schools should retain the right to design internships according to the needs of individual students, and that supervision should remain the responsibility of the academic music therapy faculty. As a result, AAMT internships are of varying durations, may be concurrent with college coursework, and may be in agencies which do not employ music therapists (University Curriculum Guidelines, AAMT, 1976).

Supervision Model

Supervision defined. A dictionary definition of supervision is "to direct and inspect the performance of workers or work; to oversee; to superintend" (American Heritage Dictionary, 1971, p. 1292). Supervision in the training of future health professionals involves protection of both the client's welfare and of the reputation of the profession, as well as essential to the growth of the student's skills.

Supervision is a part of overall training where experiences can be planned to meet the individual needs of

students. "Supervision is a complex process that involves elements of modeling, counseling, teaching, reinforcement, coaching, and empathy" (Wedeking & Scott, 1976, p. 259). Supervision excludes primarily didactic classroom teaching and excludes entirely personal discussions as would occur in experiential groups and personal therapy (Lambert, in Hess, 1966, pp. 423-424).

Supervision may be regarded as "meta-helping", a helper assisting a helper to be more effective in treatment of clients.

> Supervision in the current context refers to the direct monitoring of counseling. . . the process of supervision of counselors that is specifically geared to enhancing the concurrent helping effectiveness of the person supervised. . . those face-to-face meetings between supervisor and counselor that focus on the counselor's attitudes, understandings, skills, and behavior. (Gurk & Wicas, 1979, p. 402)

Supervision may occur in small groups, but most often is conducted as a one-to-one, supervisor and student conversation. The supervisor usually bases comments on observation of the student's sessions with clients, and on the student's written work. Discussion may focus on issues pertaining to the therapeutic process, the student's clinical experiences, and/or the client's responses in therapy.

Supervision model described. Supervision involves people, relationships among people, and the environment. These components may be viewed as a seven-part interactive system, including the music therapy student who provides music therapy services, the supervisor who oversees service

delivery, the client or client group receiving music therapy services, the supervisory relationship, the therapeutic relationship, the relationship between the supervisor and the client, and the environments in which therapy and supervision occur (Memory, 1983). Figure 1 portrays the music therapy supervision system.

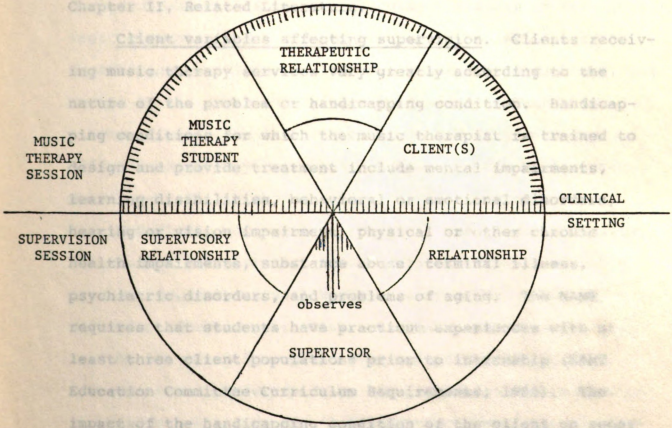


Figure 1. Model of the music therapy supervision system.

Each component of the seven-part interactive system is unique in any clinical training situation, and each part influences the other parts. The variables influencing supervision effectiveness that arise from the client or client group and from the clinical setting (environment) will be summarized briefly here. The variables influencing supervision effectiveness that arise from the music therapy student, the supervisor, and the supervisory relationship are the subject of this study and will be described in detail in Chapter II, Related Literature.

Client variables affecting supervision. Clients receiving music therapy services vary greatly according to the nature of the problem or handicapping condition. Handicapping conditions for which the music therapist is trained to design and provide treatment include mental impairments, learning disabilities, behavioral or emotional disorders, hearing or vision impairment, physical or other chronic health impairments, substance abuse, terminal illness, psychiatric disorders, and problems of aging. The NAMT requires that students have practicum experiences with at least three client populations prior to internship (NAMT Education Committee Curriculum Requirements, 1980). The impact of the handicapping condition of the client on supervision needs is considerable; for example, a client who requires an alternate communication system such as sign

language, a Bliss board, or Braille may be impossible to treat without a supervisor with skills in that communication system.

The goals and objectives of therapy, which usually derive from the nature of the handicapping condition, are also variables which influence the supervision process. The acronym CAMEOS is used in the field of music therapy to represent the six problem areas for which music offers therapeutic benefits. CAMEOS stands for problems, needs, goals, or objectives in the following six areas of functioning: communication, academic (or cognitive) skills, motor functioning, emotions, on-task behaviors (concentration), and social skills. The supervision needs of a student whose treatment goals lie in the area of emotional growth may differ considerably from the supervision needs of a student whose goals lie in the area of motor functioning.

Organismic and acquired traits of the client also affect the student's supervision needs. The client's personality, age, gender, and cultural background often determine the selection of music activities, materials, and interventions used by the music therapist. The client's music skills, interests, and preferences are also important considerations in treatment planning and implementation. The supervisor's task may vary greatly depending on the individual client's unique personality and make-up.

Lastly, the provision of individual or group music therapy, which results from the individual client's needs and

agency resources, affects the student's supervision needs. The ability to observe and respond to multiple client behaviors and events may be the primary focus of supervision for students who conduct group therapy rather than individual therapy.

Clinical setting variables. Variables within the clinical setting which affect supervision include scheduling patterns, the case loads of supervisor and therapist, the frequency and duration of therapy and supervision sessions, the average length of client treatment, the relative stability of treatment group membership, and the conditions of follow-up care. The particular client population(s) served by the health or education agency also determine supervision needs; for example, bedside care of terminally ill or burn patients requires music therapy approaches radically different from classroom work with learning disabled children. Additionally, some settings require that the therapist function entirely with portable music instruments; some settings allow the therapist a room with piano, wall space for visual aids, etc.

Music therapists have assumed responsibilities within some clinical settings beyond the traditional direct services role. Several trends have supported this broadening of duties: emphasis on professionalism, accountability, and autonomy in professions which historically have been adjunctive to physicians; the identification of huge numbers of eligible and needy clients; and the decreasing per-client

funds available. Such responsibilities would fall to a senior staff person, and, when assumed by music therapy staff, that person would logically be the supervisor. Additional responsibilities such as those listed above may contribute to a student's learning, but may also interfere with the supervisor's availability for supervision activities.

Evaluating supervision effectiveness. Hess (1966) stated that the myth of uniformity of supervision must be debunked. He suggested that there is no one theory, model, or approach to supervision, but rather diverse models, changing concepts, and many correct practices. Supervision must not be viewed as one unchanging process, but rather as an interpersonal, situation-specific set of processes. Supervision is "a heterogeneous set of conditions that are distorted when treated as a unitary variable" (pp. 3-25).

The multi-variate nature of supervision, as reflected in the number of factors influencing each component of the seven-part interactive system of supervision, makes controlled research into one isolated variable of dubious value at this stage of research in supervision. To gain the greatest amount of data, given the present state of knowledge, supervision should then be studied from various vantage-points, using various data-collection tools.

Just as there are many ways of teaching, there are many ways of supervising. It appears that there can be no "prescription" for "good" supervision because each situation

requires individualized supervision decisions. The individual needs of each student, in combination with the treatment needs of various clients and in combination with the supervision styles of individual supervisors preclude simple formulas for improving supervision.

One approach to evaluating the effectiveness of supervision is to determine to what degree it is judged helpful by the student and supervisor in meeting the student's needs for clinical training. Satisfaction with the supervisor's use of supervisory skills in providing helpful supervision is the variable of interest in this study.

Purpose of the Study

This study was designed to investigate satisfaction with supervision as reported by students and supervisors engaged in actual clinical training and supervision. A systematic procedure of planning and evaluating supervision sessions was developed which took into account the individualized and flexible nature of effective supervision.

The primary purpose of the study was to determine whether or not the experimental condition, planning and evaluating supervision sessions, would result in significantly greater satisfaction with supervision than would the comparison condition, in which the planning and evaluation procedure was not used.

The use of an actual clinical training and supervision setting permitted the inherent complexities of the

supervision process to exert their appropriate role and impact. The variable of satisfaction with supervision was thus studied within a design that retained the individual needs, strengths, and characteristics of each part of the seven-part interactive supervisory system.

In addition to examining the efficacy of the treatment condition, the study explored the impact of two other variables, the skill level of the music therapy student (MTS) and the experience level of the supervisor (SUP).

The skill level of the MTS was identified as an important variable affecting the content and process of supervision. The study explored possible relationships between evaluation of skill level and satisfaction with supervision.

The experience level of the SUP was identified as an important variable affecting content and process of supervision also. The study explored possible relationships between amount of experience relevant to supervision (experience level) and satisfaction with supervision.

Additionally, analyses of results from pretest to posttest were conducted for satisfaction and evaluation of student skills as reported by both students and supervisors.

Importance of the Study

Allied health fields. Supervision is a topic of great concern in the helping professions, as evidenced by extensive research employing descriptive, philosophical, historical, and experimental modes of inquiry.

Hansen, Pound, and Petro (1976) reviewed 29 supervision articles published in a counseling journal and identified the major focus of supervision research as the training of core conditions of facilitative communication. They suggested three categories of research interests and presented conclusions drawn from articles in each category. (1) The role of the supervisor was represented by articles concerning the supervisory relationship and supervisor behaviors. They concluded that didactic approaches have been more effective than experiential approaches. (2) Training procedures used in supervision were represented by articles on training in communication and in the use of audio and video techniques. They concluded that supervisors who directly or indirectly modeled facilitative behavior were more effective than those who did not model, and that audiotape procedures were as effective as videotape. (3) Rating systems used in practicum, including evaluation systems, were a frequent topic of interest.

It was concluded that little information had been generated about specific mechanisms involved in bringing about change through supervision, and called for experimental research (Hansen, Pound, & Petro, 1976).

Hansen and Warner (1971) published a 10-year review of findings of practicum supervision research which covered 25 articles, and concluded that "what is needed is an end to description and a move toward solid experimental investigation" (p. 271).

Music therapy profession. Concern for improving supervision practices has been voiced by all constituencies within music therapy: students, who complain of inadequate or incompetent supervision; supervisors, who complain of lack of training and resources; academic faculty, who mediate disputes between interns and agency supervisors; and professional leaders, who see supervision as a point of major difference between the two professional organizations, NAMT and AAMT.

Several NAMT conference workshops have focused on supervision issues (Patti Doyle, Marcia Wunderlich, Roy Grant, and Yvonne Soto have conducted workshop sessions for supervisors). The 1982 National Conference in Baltimore devoted two presentations to the Clinical Training Committee's discussions of new guidelines for internships. Dr. Grant and Ms. Wunderlich, former chairpersons of the Clinical Training Committee, reported in telephone conversations and personal correspondence (May,1982) that the following needs are of highest priority to the Committee: (a) supervisor competencies defined, (b) training and support services for novice and experienced supervisors made available through workshops and graduate courses, (c) a means of screening and approving supervisors identified, (d) need for student evaluations and on-site evaluations of clinical training programs instituted to ensure quality control.

Dr. Wanda Lathom, NAMT President in 1979-1980, proposed that a taskforce for supervision concerns be established that

would create a network of workshop leaders for training supervisors.

A proposal that supervisors be certified and be required to take courses in supervision-related topics on a continuing basis in order to retain certification was made by a former chairperson of the Clinical Training Committee, Dr. Roy Grant, RMT (Clinical Training Committee Notes, 1978). Regional representatives to the Committee responded to his proposals with various alternative suggestions for screening supervisors, citing the impracticality of course requirements at the current time.

Differences in the philosophy of clinical training and supervision of the two professional organizations, NAMT and AAMT, is the subject of continued discussion and disagreement. Panels of leaders from the two organizations at NAMT conferences have stated that this difference is a major obstacle in the merger of the two groups (New Orleans and Baltimore Conferences, 1983 & 1982).

There is, also, evidence that music therapy students lack understanding of the supervision process. Students who complain of unfair evaluation practices frequently mention poor supervisory relationships and inadequate supervision as contributing to the poor evaluations they receive. The need for training students in supervision issues appears to be an outcome of students' awareness of a right to helpful supervision.

Need for the Study

There is a paucity of theoretical and data-based research in music therapy supervision; two studies represent the scope and nature of inquiry.

Southard's (1973) description of a seminar series concerning music therapy and occupational therapy practicum student training programs is representative of early articles calling for research. In the seminar series, clinical administrators identified differences in philosophy between the two professions in the areas of structuring trainees' time, goals of training, role relationships, research techniques, and evaluation of trainees.

The other type of inquiry in music therapy supervision literature is represented by a controlled study of feedback on practicum students' acquisition of competencies. Anderson (1982) studied the effect of feedback versus no feedback on three student skills: pacing, using directions and prompts/cues, and providing the client an opportunity to respond with the desired non-music behavior. She found no significant differences between two groups of students based on reception or timing of feedback.

The complexity of the supervision system requires a research methodology that has validity for practice. The current study contributes to an understanding of supervision in several ways: (a) it lays a foundation for a research methodology by using supervisor-student dyads as the unit of study; (b) it points the direction for future research by

identifying in a comprehensive literature review the pertinent variables affecting the supervision process; (c) it uses a treatment procedure which is pan-theoretical and applicable to supervisor and student training needs; (d) it employs data collection instruments that can be used in clinical and research efforts; and (e) it focuses on three important variables of the supervisor and student.

This study is exploratory in nature because no previous published studies in music therapy used subjects participating in actual clinical training and supervision activities. It establishes a method and a database for future, more atomistic studies. The exploratory identification of relationships among the variables is needed before causative links among variables can be studied in controlled laboratory research. Any research using analogue studies would be premature, and lack external validity. The experimental isolation of variables of supervision content or process would likely lead to so many unexamined factors and artificial experimental tasks that external validity would be highly questionable (Goldman, 1976).

The present study was conducted in a "real-life" setting in order to increase its validity in terms of understanding a complex process. The findings and the data-gathering instruments of this study addressed several needs in music therapy identified by professional leaders (Dr. Roy Grant & Ms. Marcia Wunderlich, Chairpersons of NAMT Clinical Training Committee, 1983), particularly:

1. Student skills were categorized and stated as positive behaviors in five areas: session management skills, personal skills, conceptualization skills, musicianship skills, and clinical procedures skills.

2. Supervisor skills were categorized and stated as positive behaviors in three areas: supervisor-teacher skills, supervisor-counselor skills, and supervisor-consultant skills.

3. The treatment procedures were created for maximal usefulness in training supervisors and students in supervision decision-making strategy which could be taught readily in workshop or course format.

The student skills assessment tool is useful for both practicum students and interns, and takes into account varying philosophies and approaches in common practice among music therapists.

The study contributes to improved communication between agency-based and campus-based supervisors who need clear role definition and mutual expectations in order to meet students' clinical training needs.

Assumptions of the Study

It is assumed in this study that supervisors strive to provide quality supervision and that they are motivated to improve their skills. No measures were taken to compare skill levels of supervisors apart from perceptions of overall competence.

It is assumed that supervision skills are learned and are capable of being improved through study, practice, self-monitoring, experience, and feedback. These resources are available to clinical supervisors for whom other professional colleagues or training courses may not be available.

Supervisors are assumed to vary in competency levels in the three areas of skills, and it is assumed that the self-report and student-report measures are sufficient and valid for assessing the satisfaction variable. The measures were confidential and intended to be as non-threatening as possible to supervisors and students, increasing the likelihood that reports were honest.

It is assumed that supervisors were capable of ignoring the treatment procedures when they supervised in the comparison condition, that is, that they could block out any planning of role-relationships and content priorities when supervising students in the comparison group.

Limitations of the Study

The study incorporated a small sample, due to the researcher's decision to study supervisory pairs who had established a supervisory relationship over a period of months. Because of the sample size, findings must be interpreted cautiously.

This study addressed the supervisory relationship, which can be influenced by factors other than those studied. Extraneous variables such as social influence, hidden

agendas, liking, and degree of commitment to the supervision process could not be measured or controlled in this study.

Experimental Hypotheses

Two hypotheses were tested in the experimental aspect of this study.

1. Did music therapy students (MTS) in the experimental group report greater or lesser satisfaction with supervision than MTS in the comparison group? It was hypothesized that the experimental treatment would have a positive effect on the dependent variable.
2. Did supervisors in the experimental condition report significantly greater or lesser satisfaction with supervision than when they supervised using the comparison conditions? It was hypothesized that the experimental treatment would have a positive effect on the dependent variable.

Additional questions related to the data collection instruments and relationships among variables were also addressed, as described in Chapter 3, Procedures.

II. RELATED LITERATURE

Overview of the Chapter

This chapter presents research findings related to three parts of the seven-part interactive music therapy supervision model: the supervisor, the music therapy student, and the supervisory relationship. The literature suggests that many factors within each part have importance in the supervision process.

Therefore the related literature will be presented in four sections in order to explicate these areas as fully as possible: (a) literature pertaining to supervision approaches, including the theoretical model upon which the supervision treatment condition in this study was based; (b) literature pertaining to the supervisor, including supervisor experience level; (c) literature pertaining to the music therapy student, including music therapy student skill level; and (d) variables in the supervisory relationship, including satisfaction with supervision.

Supervision approaches. Literature pertaining to supervision approaches provided the rationale for the supervision planning and evaluation treatment in this experiment. The findings of related studies will be presented in four sections: (a) historical overview of supervision, including dynamic theory, facilitative theory, behavioral theory, and

eclectic theory; (b) supervision as instruction, counseling, or consultation; (c) models of supervision, including the clinical supervision model, the peer supervision model, the multiple supervision model, the counselor complexity model, and the discrimination model; and (d) role relationships in music therapy clinical supervision.

Supervisor variables. Literature pertaining to the supervisor supports the choice of supervisor experience level as a variable of interest for this study. The findings of related studies will be presented in four sections: (a) supervisor style, including didactic, experiential, and other styles; (b) supervisor experience level; (c) supervisor skills, and (d) supervisor music therapy clinical supervision skills.

Music therapy student variables. Literature pertaining to the music therapy student supports the choice of student skill level as a variable of interest for this study. The findings will be presented in four sections: (a) student cognitive attributes, (b) student psychological attributes, (c) approaches to student evaluation, and (d) clinical skills of the student.

Supervisory relationship variables. Literature pertaining to variables within the supervisory relationship (between the supervisor and student) supports the choice of satisfaction with the use of supervision skills as a variable for this experiment. The literature review will be presented in four sections: (a) supervision content and process, (b)

supervision as an interpersonal influence process, (c) supervision satisfaction, and (d) interpersonal compatibility.

Material in the literature review which is quoted directly is indicated by either quotation marks or by indentation and single-spacing. Material which is summarized or paraphrased is indicated by page referencing within parentheses.

Supervision Approaches

Historical Overview of Supervision

Leddick and Bernard (1980) reviewed the history of supervision and described three major periods: (a) amorphous beginnings in psychoanalytic practice (1925-1950); (b) polarized period in which experiential, facilitative approaches co-existed with behavioral approaches (1960-1970); and (c) an eclectic, collaborative, skills-training period (1970 to the present).

An overview of Leddick and Bernard's history will provide the foundation for understanding the diversity of supervision approaches currently practiced in the helping professions. Each of the major periods contributed theoretical positions which will be summarized briefly.

Dynamic theory. Supervision may be traced to amorphous beginnings in the training of psychoanalysts, the first "helping professionals." The novice analyst underwent a personal analysis with a master therapist, in which personal,

affective issues were discussed. The trainee's supervisor was a different master therapist, who oversaw the trainee's work with clients in an authoritarian, directive, didactic manner. The supervisor functioned as an instructor and evaluator, leaving personal, affective issues for the trainee's analyst.

Leddick and Bernard reported that Eckstein and Wallerstein (1959) had presented the first detailed model in which supervision during the analytic period was compared to the stages of a chess-game. The "opening" consisted of supervisor and student "eyeing" each other for signs of expertise and weakness. The "mid-game" consisted of working through interpersonal conflicts. The "end-game" began when the supervisor listened quietly, seeing that the student was gaining a professional level of insight. Leddick and Bernard concluded that this comparison with analytic therapy had little impact on the future development of supervision.

Facilitative theory. Leddick and Bernard stated that, from the 1930s through the 1950s, new theories were presented for therapy that were in reaction against the authoritarian nature of analytic theory and practice. New disciplines and helping professions emerged and competed with psychoanalysis for reputation and status, including psychology, counseling, and social work. A polarized situation resulted in the field of therapy, with facilitative and behavioral theories of therapy co-existing. Supervision of students in the new helping professions was affected directly by the theory of

therapy that was used, and the supervisor was regarded variously as teacher or as counselor, with contrasting purposes, methods, and desired outcomes.

Facilitative theory is based on the client-centered, experiential, non-directive therapy pioneered by Dr. Carl Rogers, a counseling psychologist, and operationalized by Carkhuff (1966). Rogers (1957) postulated that the necessary and sufficient conditions for therapeutic growth were embodied in the concepts of empathy, warmth, genuineness, concreteness, unconditional positive regard, and congruence.

Pierce and Schauble (1970) described the core of facilitative conditions, which are briefly summarized as follows. Empathy is the ability to understand accurately another person's deepest feelings. Genuineness is the quality of being freely and deeply oneself in a nonexploitive relationship. Concreteness is the ability to guide discussion directly and completely to specific feelings and experiences. Positive regard is the expression of caring deeply and recognizing the potential of another person as a creative human being.

Rogers' theory was operationalized by his followers Carkhuff and Traux (1967) for the purpose of training counselors competent to offer those necessary and sufficient conditions for therapeutic growth to clients. The facilitative conditions are crucial concepts in experiential or counseling-type supervision, and present one end of the supervision polarity.

The supervisory relationship was regarded as another instance of the counseling relationship, with the student as client and the supervisor as therapist. Supervision was conducted in a student-centered, experiential manner. The supervisor's task was similar to the therapist's--to model effective therapist behaviors by offering the "core" conditions (empathy, warmth, concreteness, genuineness, unconditional positive regard, and congruence). The supervisor was supposed to be an excellent therapist, and the student was supposed to be sensitive enough to perceive and acquire the same qualities through a process of modeling the supervisor.

Behavioral theory. The other end of the polarized world of therapy and supervision was behavioral theory, which emerged concurrently with facilitative theory in reaction against the unverifiable claims and limited applicability of psychoanalysis. The supervisor inherited the instructive, didactic, and evaluative position of the analytic supervisor, but introduced the element of reinforcing desired trainee behaviors and skills. The specific tasks of the supervisor were ambiguous, but, through training modalities such as apprenticeship, continuing seminar, and intensive institute, the didactic supervision model was conducted.

The supervisor thus acted as trainer and instructor; the student acted as apprentice and learner.

Eclectic theory. Leddick and Bernard (1980) stated tht the current phase of supervision represents an eclectic,

collaborative resolution of the facilitative-behavioral polarity.

> By 1966, the field of supervision had three major models: dynamic, facilitative, and behavioral. With such rapid expansion, the field was chaotic, highly competitive, and polarized. The growth of the field of cognitive psychology provided an impetus for the collaboration of the three models. Behavioral in genesis, cognitive psychology focused on internal processes which represented a shift away from radical behaviorism (Mahoney, 1974). Wachtel (1977) observed that dynamically oriented therapists had begun to recognize the use of behavioral techniques, and behavior therapists became more attuned to dynamic factors. (Leddick & Bernard, 1980, p. 190)

Leddick and Bernard (1980) described the current phase of supervision as a period of models, rather than theories. Skills training approaches were used which focused less on theory than on student outcomes and training methods. An eclectic mix of didactic and experiential training approaches characterize several skills training approaches used in supervision. Leddick and Bernard (1980) questioned whether modern skills training approaches are new at all, or rather, systematized paradigms of old, unquestioned assumptions about supervision.

A particularly successful skills training approach is Kagen's (1975) Interpersonal Process Recall (IPR), which uses videotaped simulations of helping encounters to teach students to become aware of feelings experienced during such interactions: IPR courses are available to music therapy and other students at Michigan State University, where the model was pioneered, and are recognized nationally as models of skill development for facilitative counselors.

Summary of supervision theories. The research concerning supervision derives from various positions on the supervisor's role, purpose, competencies, and methods. Controversies concerning modeling by the supervisor, didactic methods, and personal growth as a desired student outcome remain unsettled, and most models of supervision recognize the value and necessity of drawing on several models of supervision in meeting divergent needs of students. Thus the supervisor may choose to function as teacher, as model therapist, or as supportive colleague, as students' needs require.

Supervision as Instruction, Counseling, or Consultation

Gurk and Wicas (1979) described and compared various approaches to supervision of counselors, including the counseling model (derived from facilitative theory), the instruction model (derived from analytic and behavioral theories), and inclusive views (corresponding with eclectic theory), and presented their own consultation "metamodel."

Gurk and Wicas (1979) suggested that the choice of a model of supervision was influenced by six factors: (a) the definition and goals of counseling (in this case, music therapy); (b) the underlying theory of learning and change, (c) the role of the counselor (music therapist), (d) the role of the client, (e) the relationship of supervision to practice; and (f) the goals and definition of training. They posited that, in order to be an effective supervisor, a

conceptual model of goals, roles, process, and values that guide consistent practice is prerequisite (Gurk & Wicas, 1979, p. 402).

Gurk and Wicas (1979) suggested that reasons for choosing one or another model of supervision were the supervisor's style preferences and comfort and the requirements of the organization.

They characterized the counseling and instruction models as a dichotomy, with polarized positions on many issues. Inclusive models which include both approaches offer a wider scope and greater validity. Their consultation metamodel is offered then as including the approaches of counseling, instruction, and consultation. "An effective model should also be useful to supervisors in identifying choice points and decision-making criteria within the supervisory process" (Gurk & Wicas, 1979, p. 404).

Gurk and Wicas (1979) identified the differences among the instruction, counseling, and consultation approaches to supervison on the following issues: (a) the roles and relationship of supervisor and trainee, (b) the goals of training, (c) the focus of supervision sessions, (d) the theory of personal change, (e) applicable settings or situations, (f) philosophical roots, (g) evaluation and index of learning, (h) training modalities and vehicles for supervision, (i) outcomes of supervision, (j) personality characteristics of counselors as an outcome or goal of supervision;

(k) supervision climate; and (l) criticisms of both approaches.

Models of Supervision

The current phase of supervision was described as an age of models, rather than theories (Leddick & Bernard, 1980). Several models of supervision will be described briefly in order to indicate the diversity of scope and format of available models. The Discrimination Model of Supervision (Bernard, 1979) will be explained in greater depth, because it is the basis of the supervision planning and evaluation procedure tested in this experiment.

Counselor Complexity Model of Supervision. The Counselor Complexity Model of supervision was proposed by Stoltenberg (1981) for training counselors. This model views the counselor training process as a sequence of identifiable stages through which a trainee progresses; it is a developmental approach to supervision. The Counselor Complexity Model is an integration of two theories: Hogan's (1964) Four Levels of Trainees and Hunt's (1971) Conceptual Systems Theory.

Hogan's supervision approach defined four stages of trainees ranging from the apprentice through the master-of-the-trade. Each stage of counselor development was accompanied by an appropriate learning environment and recommended methods of supervision to optimize development at each level.

The apprentice was dependent on the supervisor, insecure, and had little insight; the master-of-the-trade was insightful, had personal autonomy, and was aware of his or her own limitations. The trainee's development had a timetable influenced by idiosyncratic characteristics of the trainee and the training environment.

Hunt (1971) posited a conceptual systems theory of five levels with optimum environments for each level.

> The speed with which a trainee progresses through these stages is largely dependent on the skills and attributes of the trainee and the environments provided through supervision. Two specific skill areas are important for such effective supervision: discrimination and creating environments. (Stoltenberg, 1981, p. 63)

The five levels represent different cognitive and personality stages of students. Stoltenberg (1981) wrote, "this paints a picture of the developing individual as a person who needs a changing environment over the course of development to encourage movement toward more complex stages" (p. 60).

The Counselor Complexity Model is described in four levels from entry level counselor through the advanced master counselor stage.

> The trainee is viewed not just as a counselor lacking specific skills but as an individual who is embarking on a course of devleopment that will culminate in the emergence of a counselor identity. This end point constitutes the integration of skills, theory, and a more complete awareness of oneself and others. This process is placed in a developmental framework that takes into account the different motivations, needs, and potential resistances of counselors at different levels or stages of development. The premise is that there are qualitative differences in addition to, and not

> accounted for by, mere quantitative differences in skill level and the knowledge of theories. (Stoltenberg, 1981, p. 59)

Four stages of counselor development and their associated optimal supervision environments are described in terms of counselor characteristics of the stage.

According to this model, the supervisor's task is two-fold: to discriminate the developmental level of the trainee and then to create the appropriate learning environment for maximum development at that level. The supervisor must then be skilled in discriminating trainee needs and in creating environments.

Stoltenberg (1981) listed the following discrimination abilities as important to supervision: (a) the ability to discriminate among the possible environments that may be created in supervision; (b) the ability to discriminate between supervisee behaviors and recognize the needs as well as the strengths of the trainee; (c) the ability to recognize defensive behavior in the trainee as well as behaviors marking a development from one level to another; (d) the ability to recognize idiosyncratic style of a trainee's counseling approach; (e) the ability to discriminate the type of supervision that will be the most appropriate; and (f) the ability to discriminate the type of clients that will be the most appropriate (pp. 63-64).

An essential discrimination ability, according to Stoltenberg (1981), is the ability to recognize the accessibility characteristics of the trainee, which are listed in

four categories. (1) The trainee's cognitive orientation (the conceptual level of the trainee). (2) The trainee's motivational orientation, which determines the appropriate type of feedback and rewards (i.e., an inner-directed trainee would respond best to self-defined feedback; an other-directed trainee would respond best to supervisor-defined feedback.) (3) The trainee's value orientation, which affects the types of objectives for training that the trainee would support. (4) The trainee's sensory orientation, (i.e., whether the trainee learns best by seeing the counseling process displayed or by hearing the supervisor's explanations of the counseling process) (p. 64).

Stoltenberg (1981) defined two skills critical in creating environments. (1) Since a variety of environments is necessary to aid the trainee, the supervisor should be able to work comfortably at creating the appropriate environment for the specific needs of the trainee. (2) Supervisors should be able to alter their approach to suit the accessibility characteristics of the trainee; skill in moving from one environment to another as the needs of the trainee change is necessary (p. 64).

Like most stage theories, the counselor complexity model assumes that transitions exist between the stages.

Multiple Model. The multiple model of supervison (Dole, 1973) was proposed for the training of psychologists, and rests on the observation that trainees are influenced by people other than supervisors during clinical training, and

that each of three types of preparation has distinguishing characteristics.

> The multiple model discards the assumption of one correct practice, one theory, one model. It prepares the beginner to cope with the chaos and disagreement he will face throughout his professional life. In the absence of much research evidence about the supervisory function either in psychology or in other professions, arguments between exponents of different philosophies of supervision frequently seem to represent little more than arguments between experts with different belief systems. (Dole, 1973, p. 7)

Dole identified sources of influence by situs in the preparation of professional psychologists. In the field placement (hospital, clinic, school, industry, etc.), Dole identified the field supervisor, the administrator of the agency, fellow interns and psychologists, and clients or patients as valuable sources of influence on the trainee. On the campus (classroom, library, and lab), sources of influence may be the thesis director, advisor, instructor, campus supervisor, professor, department chairperson, and dean. Other persons in the field and on campus also exert influence in training, such as allied health professionals, the public, and students in other disciplines.

Dole differentiated the types of preparation for clinical practice that are afforded by practice, research, and scholarship. Dole supported the supervisor's encouragement of trainee use of these additional human resources during supervision times.

Peer Supervision Model. Another model which de-emphasizes the primary importance of the "expert

clinician" supervisor is the peer supervision model (Wagner and Smith, 1979). Noting that "new professionals rarely turned to colleagues for help, but returned to teachers," Wagner and Smith suggested that the peer supervision approach was valuable in achieving several outcomes: (a) increasing student responsibility for self-assessment and peer assessment; (b) increasing independence and interdependence among students for professional and personal growth; (c) developing an emotional support system among the practitioner's colleagues rather than encouraging dependence upon the university supervisor (p. 288). They stated that the peer supervision model may be evaluated by examining students' behaviors in relationship to goals of supervision, as summarized below.

Primary goal 1 is basic skill building, including attending behaviors, listening behaviors, responding behaviors, and action behaviors.

Primary goal 2 is intervention skill building, including conceptualizing cases, defining priorities for the working relationship, choosing tasks that will help clients accomplish their priorities, assessing therapeutic movement, identifying blocks to progress, and developing a repertoire of change strategies.

Primary goal 3 is developing a role that is consistent with their person and functions as counselors, including defining one's personality assets and limitations, clarifying one's interpersonal style of relating, selecting change strategies that can be effectively implemented, and adopting or developing a theoretical orientation consistent with personal beliefs and values.

Secondary goal 1 is helping students ask for and use assistance from peers and authorities, including assessing when a problem cannot be managed

independently, defining who can help, submitting work for observation, and maintaining openness to feedback and suggestions.

Secondary goal 2 is helping students give assistance to peers and authorities who are experiencing professional or personal problems, including responding to a direct or indirect request for assistance, recognizing and using oneself as manager of the helping process, and using one's professional armamentarium of skills and change strategies.

Secondary goal 3 is helping students process relationship issues that interfere with counseling or supervisory sessions, including recognizing interpersonal issues that interfere with progress, initiating discussion about relationship issues, and accepting responsibility for their contribution to the problem, initiating behavior and thinking to resolve interpersonal conflicts.

Secondary goal 4 is helping students seek therapy when recurring personal problems interfere with their work, including identifying specific issues and, initiating therapy as a personal choice. (Wagner & Smith, 1979, p. 290)

Clinical Supervision Model. The clinical supervision model has generated extensive research and practice among professional educators.

Clinical supervision may be distinguished from classical (traditional or general) supervision practices in that it is concerned not with administrative or evaluation tasks that occur outside the classroom, but with issues of concern to teachers in classroom work.

Clinical supervision is a model which uses a cooperative effort between a teacher and a supervisor to improve teaching performance through a series of six repeated steps: (a) preconference, (b) planning, (c) observation, (d) analysis,

(e) planning for tomorrow, and (f) post-morten steps (Clapper, 1981, pp. 6-9). Clinical supervision was proposed as a way to give non-normative, non-evaluative, observable data to the teacher who is receiving supervision, and is closely akin to the consultant model described earlier.

Reavis (1977) conducted an observational study of clinical and traditional supervision and found that clinical supervision generated more verbal exchanges that correlated with teacher effectiveness and resulted in better teacher attitudes toward supervision.

Clinical supervision is aimed at enhancing the development of a democratic, participatory relationship between supervisor and teacher.

> Literature in supervision for over 20 years has promoted the concept of a democratic, non-threatening relationship between supervisor and teacher. The professional literature notwithstanding, research has revealed the prevailing teacher image of a supervisor as either threatening and authoritarian or a nonentity and out of touch with classroom reality. (Reavis, 1977, p. 311)

Reavis (1977) found that clinical supervision was significantly better on "Accepts or uses teacher's ideas" (p. 313). No categories of observation favored traditional style supervision. Teacher attitudes favored clinical supervision in the areas of communication, teacher's self-perception, helpfulness, conferences, observations, and suggestions.

Discrimination Model of Supervision

Dr. Janine Bernard's Discrimination Model of Supervision (1979) provided the theoretical underpinnings of this research study. The Discrimination Model provides an approach

to studying the cognitive processes of the supervisor as well as a method of training supervisors in strategies and problem-solving techniques of supervision. The Discrimination Model posits that the competent supervisor adapts the content and process of supervision to meet the individual needs of trainees. Each supervision contact reflects the carefully planned selection of areas of discussion to be approached from one of three defined role relationships. The three role relationships are teacher-student, counselor-client, and consultant-colleague. It is called the Discrimination Model because "a dominant characteristic is the identification and action upon choice points in the process" (p. 60).

The task of the supervisor is two-fold: to choose the content of discussion and to choose the role relationship appropriate for discussion of the content. The supervisor discriminates the content of supervision based on comparison of observed trainee performance with established trainee competencies. Then the supervisor discriminates the process (or role relationship) of supervision based on an assessment of the trainee's learning style and preferences for interactions.

Choice of supervision content. Bernard (1979) suggested that the competencies of the helping professional be defined in terms of skills and functions. For counselors, the skill areas included process skills, conceptualization skills, personalization skills, and self-organization skills. This

concept was adapted for the current study for use with music therapy students, and skill areas included: session management skills, personal skills, conceptualization skills, musicianship skills, and clinic procedures skills.

Choice of supervision process. Bernard (1979) suggested that supervisors must develop a repertoire of supervisory behaviors from which to select systematically an appropriate focus for a particular student in a particular situation and a particular point in therapy with a client or client group. Behaviors associated with each of the three role relationships were identified, and each relationship was viewed as valid and appropriate when chosen by a supervisor to achieve a desired outcome.

The Discrimination Model contrasts with previous theories in which the supervisor operates from one predominating role relationship or from one narrow view of the goal of supervision. Previously polarized approaches of instruction and counseling are here combined with consulting as a repertoire of choices available to supervisors. Selection based on trainee needs rather than the habitual style of the supervisor is suggested.

> It is important that this approach or role be as deliberate a choice made by the supervisor as is the choice of instructional matter. It is equally important that the supervisor be trained to recognize and make these choices based on a sound rationale rather than random selection of personal preference. . .
>
> With a discrimination model for supervision, supervisors are asked to add to their idiosyncratic strengths, becoming comfortable with contrasting

> roles and using the data at hand to select the most appropriate role for a supervision contact. . .
>
> Supervision calls for a range of approaches and attention to a range of counselor functions. The particular counseling function and the counselor's idiosyncratic difficulty with that function should be the determining factors in selecting the appropriate supervisory role. Given these premises, it follows that the supervisor needs (a) a range of role alternatives, (b) a framework in which to fit counseling functions, and (c) guidelines for determining supervision goals and approaches. (Bernard, 1979, pp. 63-67)

Bernard presents four advantages of the Discrimination Model. (1) There can be clearer communication when both supervisor and trainee know the role relationships. Although more time may be needed in teaching, less time will be needed in consulting. (2) More apparent instructional agendas result. (3) Greater ease in dealing with problematic relationships is possible. (4) The process can translate present performance into a grade.

The Discrimination Model is situation-specific. There are, in the counseling version, nine choices to be made in each session, based on three role relationship possibilities and the three areas of counselor competencies.

The Discrimination Model offers a method for training supervisors. Bernard describes the use of vidotaped vignettes, role-playing, and group discussion of supervision sessions.

The Discrimination Model spawned several research studies in clarifying role-related behaviors. Stenack and Dye (1982) sought to determine if a clear distinction existed

among the three supervision roles in order to validate Bernard's Discrimination Model. They sought to establish behavioral correlates for discriminating among supervisor roles of teacher, counselor, and consultant. They found that the teacher and counselor roles were clearly distinct, that the consultant role overlapped with the other two roles in several behavioral correlates, and that certain supervisor behaviors were role-free. They concluded that "the roles cannot be clearly defined in terms of specific behaviors alone. Other descriptive elements include supervisor goals, control, and focus of the interaction" (p. 303).

Table 1 presents Stenack and Dye's (1982) he descriptions of the three roles on four dimensions.

Role Relationships in Music Therapy Clinical Supervision

The following comparisons of supervisor approaches are highlighted according to various dimensions, and are adopted from the work of previously cited researchers in supervision (Bernard, 1979; Clapper, 1981; Gurk & Wicas, 1979: Stenack & Dye, 1980). The comparisons are phrased in terms of supervisor behaviors or intentions, for the purpose of highlighting the differences of the three role relationships of supervisor-teacher, supervisor-counselor, and supervisor-consultant. These three role relationships are an integral part of the treatment procedure of this experiment. The statements may be interpreted as competencies of the effective supervisor, in so far as the ability to meet

TABLE 1

Three Supervisory Role Relationships (Stenack & Dye, 1982, p. 302)

ROLE 1: TEACHER

A. Focus of the interaction is on the supervisee as a counselor.
B. Intention or goal of the supervisor is to instruct.
C. Specific activities in the teacher role include:

1. Evaluate observed counseling session interactions.
2. Identify appropriate interventions.
3. Teach, demonstrate and/or model intervention techniques.
4. Explain the rationale behind specific strategies and/or interventions.
5. Interpret significant events in the counseling session.

D. In order to describe the appropriate style or method of delivery for the teacher role, the concept of overt control of the interaction can best be utilized. In most supervision sessions, especially in situations where a close supervision relationship has not yet been established, covert control of the interaction rests with the supervisor. In the case of the teacher role, the supervisor also retains overt control of the interaction. The teacher-supervisor remains in charge, determines the direction of interaction and functions as advisor/expert.

ROLE 2: COUNSELOR

A. Focus of the interaction is on the supervisee as a person.
B. Intention or goal of the supervisor is to facilitate supervisee self-growth as a counselor.
C. Specific activities involved in the counselor role include:

1. Explore supervisee feelings during the counseling and/or supervision session.
2. Explore supervisee feelings concerning specific techniques and/or interventions.
3. Facilitate supervisee self-exploration of confidences and/or worries in the counseling session.
4. Help the supervisee define personal competencies and areas for growth.
5. Provide opportunities for supervisees to process their own affect and/or defenses.

D. The counselor-supervisor functions in much the same capacity as a counselor with a client. The same counseling skills are involved. The major difference

Table 1 (cont'd.)

between a counselor-supervisor and a counselor is that the goal of the supervision process is related to supervisee functioning as a counselor. The supervisee does not become a client. Within the limitations of counseling specific limitations, however, the counselor-supervisor does utilize many of the counseling behaviors.

ROLE 3: CONSULTANT

A. Focus of the interaction is on the client of the supervisee.
B. Intention or goal of the supervisor is to generate data.
C. Specific activities involved in the consultant role include:

   1. Provide alternative interventions and/or conceptualizations for supervisee use.
   2. Encourage supervisee brainstorming of strategies and/or interventions.
   3. Encourage supervisee discussion of client problems, motivations, etc.
   4. Solicit and attempt to satisfy supervisee needs during the supervision session.
   5. Allow the supervisee to structure the supervision session.

D. The appropriate style or method of delivery for the consultant role can best be described by referring to the concept of overt control of the interaction introduced above. In the consultant role, the supervisor allows the supervisee to exert overt control of the interaction. The consultant-supervisor provides alternatives and options instead of answers as in the teacher role. The consultant-supervisor also encourages supervisee choice and responsibility.

different students' needs may require the supervisor to function in all three role relationships at various times.

The supervisor - music therapy student role relationship. The teacher-supervisor (SUP) offers a teacher-learner, expert-apprentice relationship to the music therapy student (MTS). The SUP is an authority figure in the relationship; the MTS is a learner.

The counselor-supervisor (SUP) offers a warm, open, helper-helpee relationship to the MTS. The SUP acts as a facilitator of MTS personal growth; the MTS is a "client" seeking personal growth.

The consultant-supervisor (SUP) offers a collegial, task-oriented relationship to the MTS. The SUP and MTS are colleagues in a democratic relationship.

The goals of supervision. The teacher-supervisor (SUP) strives to develop a "good" music therapist by assisting the MTS in acquiring the necessary knowledge and skills. The SUP protects the profession and the public by screening out MTSs who lack the necessary knowledge and skills.

The counselor-supervisor (SUP) strives to develop a "confident" music therapist by assisting the MTS in acquiring a self-concept as an effective helping professional. The SUP assists the MTS in deciding whether music therapy is a wise career choice.

The consultant-supervisor (SUP) strives to develop a "helpful" music therapist by assisting the MTS in making clinical decisions resulting in therapeutic progress for the

MTS's client(s). The SUP models peer-support, networking, and the continuing self-improvement that contribute to satisfaction in a career choice (and avoidance of burn-out).

The focus of supervision. The teacher-supervisor focuses supervision sessions on the MTS's performance (skills) during the music therapy session.

The counselor-supervisor focuses supervision sessions on the MTS's feelings, thoughts, and experiences related to clinical or supervisory issues.

The consultant-supervisor focuses supervision sessions on the MTS's client, especially the client's responses during the music therapy session.

Evaluation. The teacher-supervisor evaluates the MTS's skills in relation to professional norms and informs the MTS of his/her status.

The counselor-supervisor functions without judging the MTS, believing the evaluation of personal growth or self-concept to be impractical, impossible, or unethical. Evaluation may be suspended either to reduce MTS's anxiety or to improve the supervisory relationship.

The consultant-supervisor encourages the MTS to evaluate his/her own skills as far as necessary to identify his/her own supervisory needs. The SUP may evaluate the MTS's client's responses during music therapy sessions.

Feedback from supervisor. The teacher-supervisor gives normative and evaluative feedback to the MTS, (i.e., gives positive and negative feedback based on the SUP's perceptions

of the MTS's performance (skills) in relation to professional standards of practice).

The counselor-supervisor (SUP) gives subjective feedback, (i.e., feedback in terms of the SUP's feeling-responses to observations of the MTS in music therapy sessions). The SUP gives feedback only when asked by the MTS, and strives to make feedback congruent with the MTS's expectations for feedback.

The consultant-supervisor (SUP) gives data-based, non-normative, non-evaluative feedback, (i.e., objective feedback). Target behaviors to be observed for supervisory feedback are mutually determined in advance by MTS and SUP.

Approach to music therapy techniques. The teacher-supervisor demonstrates techniques, role-plays interactions, and instructs the MTS by explaining, reviewing, rewarding successive approximations, and providing sequential programmatic experiences for the MTS.

The counselor-supervisor supports the MTS's efforts when trying new techniques by reassuring the MTS that new behaviors often feel awkward at first, by encouraging the MTS to develop his/her own style, and by reflecting the MTS's feelings when assessing personal strengths and weaknesses.

The consultant-supervisor (SUP) acts as an expert in problem-solving rather than as an expert in music therapy techniques. The SUP assists the MTS by using a problem-solving strategy including problem identification,

prioritizing needs, brain-storming solutions, viewing consequences, and selecting strategies.

Area of supervisor's expertise. The teacher-supervisor acts as an expert music therapy clinician.

The counselor-supervisor acts as an expert counselor, using facilitative verbal interactions.

The consultant-supervisor acts as an expert problem-solver, and needs only entry-level clinical music therapy skills.

Supervision assignments. The teacher-supervisor assigns readings, observations, or projects for the MTS according to a pre-planned curriculum or as needed by the individual MTS.

The counselor-supervisor makes no extra-clinical assignments, but does refer the MTS to research literature or materials upon request. Such concurrent experiences as individual therapy, group growth workshops, and values clarification exercises may be suggested.

The consultant-supervisor makes no extra-clinical assignments.

Approach to MTS personal problems. The teacher-supervisor encourages the MTS to seek therapy when recurrent personal problems interfere with work.

The counselor-supervisor assists the MTS with personal problems that interfere with work.

The consultant-supervisor describes ways in which the client and/or the SUP is affected by the MTS personal problem.

Frame of reference in supervision. The teacher-supervisor uses professional vocabulary, discusses issues from his or her own "professional" frame of reference, and strives to inculcate in the MTS a professional identity based on norms and expectations.

The counselor-supervisor uses the MTS's vocabulary, discusses issues from the MTS's point of view (frame of reference) as learned by interacting with the MTS, and strives to have the MTS integrate his/her personal experiences with a professional identity.

The consultant-supervisor attempts to suspend professional and personal frame of reference by focusing on the client. The task at hand during supervision is the client's present problem rather than the MTS's needs.

Approach to case conceptualization. The teacher-supervisor gives his/her own case conceptualization directly.

The counselor-supervisor witholds his/her case conceptualization and indirectly draws out the MTS's case conceptualization through open-ended questioning.

The consultant-supervisor either shares or witholds personal case conceptualization, based on the MTS's expressed needs.

Self-disclosure during supervision. The teacher-supervisor avoids disclosing personal feelings, values, and experiences except for the purpose of illustrating an instructional point.

The counselor-supervisor shares personal feelings, values, and experiences in an effort to improve the supervisory relationship and to decrease MTS anxiety which interferes with work.

The consultant-supervisor may or may not self-disclose as needed by the task at hand.

Verbal interaction pattern. The teacher-supervisor engages in direct, one-way communication that is characterized by personal opinions, suggestions, advice, praise, criticism, interruptions, and information-giving.

The counselor-supervisor engages in indirect, facilitative communication characterized by listening, reflecting the MTS's communications, clarifying MTS's statements, and support-inducing communications (self-disclosure, identification with the MTS, etc.)

The consultant-supervisor engages in direct and indirect two-way conversation with the MTS. The task at hand determines the type and frequency of verbal patterns.

Compliance with clinical procedures. The teacher-supervisor monitors MTS compliance with clinical procedures by keeping records of MTS work, receiving and processing MTS-generated written work, making corrections, and giving feedback to the MTS regarding compliance.

The counselor-supervisor avoids monitoring MTS compliance with clinical procedures unless asked to by the MTS. Corrections to written work are given only when requested. The SUP signs MTS written work with minimal changes.

The consultant-supervisor is disinterested in monitoring MTS compliance with clinical procedures because, as an equal, the responsibility and consequences for failure to comply rest entirely with the MTS. The SUP provides guidelines for MTS to improve own work when asked.

Relationship of theory to practice in clinical training. The teacher-supervisor assumes that a cause-and-effect relationship exists between therapist intervention and client change. The MTS as strategist and initiator thus must practice interventions prior to much theoretical preparation or adherence.

The counselor-supervisor assumes that outcomes are intangible, and that theoretical preparation and commitment must precede clinical contact.

The consultant-supervisor works from an atheoretical point of view; theoretical positions are considered irrelevant to client progress in therapy.

Source of structure during supervision. The teacher-supervisor initiates supervision content and assumes responsibility for structuring the supervision session. Periods of silence are uncommon.

The counselor-supervisor responds to MTS-initiated supervision content and avoids structuring the supervision session. Periods of silence are not avoided.

The consultant-supervisor regards supervision sessions as goal-oriented (to solve a mutually-agreed-upon task), and

shares responsibility for structuring the supervision session equally with the MTS.

Scheduling supervision. The teacher-supervisor encourages regularly scheduled supervision meetings which last a predetermined amount of time.

The counselor-supervisor encourages regularly scheduled supervision meetings which last the amount of time needed to process the MTS's feelings, thoughts, and questions.

The consultant-supervisor encourages supervision meetings to be requested by the MTS when and if needed to accomplish the MTS's objectives and lasting the amount of time needed.

The importance of MTS personality characteristics. The teacher-supervisor presumes that music therapy competencies are acquired through pedagogy, programmatic methods (curriculum), and reinforcement within a supportive environment. Personality characteristics are considered off-limits to supervision.

The counselor-supervisor presumes that certain personality characteristics affect the acquisition of music therapy competencies, and strives to acquaint the MTS with the personality correlates of effective therapists (tolerance of ambiguity, a moderate amount of anxiety, sensitivity to the expectations of others, patience, non-aggressive interpersonal relationships, open-mindedness, and a perspective about the prognosis for change in others).

The consultant-supervisor assumes that the MTS has made optimum adaptation of personality characteristics in relation to the requirements of his/her clinical responsibilities. Discussion of personality characteristics is considered unproductive in that supervision serves to accomplish client-centered gains.

Supervisor Variables

The variables within the supervisor that will be reviewed in this section include: (a) supervisor style, (b) supervisor experience level, (c) supervisor skills, and (d) supervisor music therapy clinical supervision skills.

The purposes of this section are to identify the variables within supervisors that might affect supervision effectiveness, to list supervisor skills, and to suggest a method for evaluating supervision.

Supervisor Style

Didactic and experiential supervisor styles. A number of studies investigated didactic and experiential supervisor style on various measures of trainee outcomes.

Payne and Gralinski (1968) studied counselor trainees' perceptions of supervisor style in simulated supervision sessions using two supervisory conditions--counseling type and techniques type supervision (experiential and didactic) p. 559). Didactic style was described as stressing feedback,

evaluation, and techniques even though those aspects aroused anxiety in trainees.

Experiential style was described as a counseling approach that stressed the importance of a feeling of security, freedom from threat, and an opportunity for self-development.

Payne and Gralinski found that:

> Although subjects supervised by an emphasis on techniques rated themselves less relaxed and less confident about the meaning of empathy than those with an emphasis on counseling, their performance on the criterion of empathy was higher. . . No differences were found for reactions to supervision. . . Counselors did not perceive (techniques condition supervisors) as more critical, less empathic, nor more tension-inducing. . ." Empathy of supervisors did not appreciably affect counseling perception. (Payne & Gralinski, 1968, pp. 557-561)

The counseling type of supervision style was described as modeled after a non-directive counseling relationship, characterized by: (a) an attempt to establish an empathic relationship in order to model empathic behavior; (b) a focus on the trainee's frame of reference; (c) responding to the counselor trainee's feelings about the task, feelings toward the client, and reactions and assessment of own performance; (d) avoidance of negative evaluation; and (e) avoidance of direct suggestions for improvement.

The techniques type of supervision style was described as (a) also offering a high level of empathy, and working for a positive interpersonal relationship; (b) discussing the trainee's effectiveness in offering empathy; (c) discussing the trainee's techniques in counseling; (d) giving examples

of responses which would have been more empathic than the ones given by their counselors (Payne & Gralinski, 1968, p. 559).

The Empathy Scale used by Payne and Gralinski (1968) was based on earlier scales of rapport by Traux (1961) and Barrett-Lennard (1962), and asked for a response on a seven-point Likert Scale ranging from lowest (this person is usually unaware of what you are feeling), middle position (this person is aware of your feelings but not entirely "with" you) to highest position (this person is completely attuned to you and reflects your feelings in words or actions)" (Payne & Gralinski, 1968, p. 559).

Birk (1972) compared the effects of experiential and didactic supervision styles on student counselors' acquisition of empathic responding skills. She questioned whether trainees' preference for a supervision method would affect learning.

Birk's (1972) didactic supervisors (a) provided a structured approach; (b) specified those remarks of the trainee which appropriately communicated empathic understanding; (c) suggested responses that could have been more effective; (d) questioned the trainee to test the trainee's recognition of appropriate and inappropriate responses made during the counseling session and positively reinforced verbally the trainee's accurate responses; and (e) suggested techniques that facilitate empathy (e.g., voice modulation

(matching client tone, volume, and rate of speech), use of specific gestures, etc.) (p. 544).

Birk's (1972) experiential supervisors (a) maintained an informal discussion atmosphere; (b) asked trainees for relevant personal life experiences in the present or past that may be similar to that of the client; (c) explored through their empathic behavior, the trainee's dominant emotional quality while interviewing the client; (d) used the supervisory relationship as a living emotional experience wherein the trainee could sense himself or herself in relation to the client; (e) placed emphasis on the parallelism between the supervisory and the counseling relationship; and (f) used his or her behavior as a model for the trainee (p. 544).

Birk found that:

> didactic training produced higher levels of empathic understanding regardless of whether it was the preferred method of supervision by the counselor. Learning empathy was not contingent upon receiving the preferred supervision. Interaction effect between supervision and supervision method was significant. . . An effective tool, in this case didactic supervision, is more effective for some supervisors than for others. Exploring the fit of several supervisory strategies may maximize the learning potential during supervision. (Birk, 1972, pp. 542-545)

Birk pointed out a problem with much supervision research: it is conducted with extremely inexperienced undergraduate students, whose learning needs may be different from those of more experienced students: "Had the subjects been advanced student with prior practica, then the didactic

method with its techniques orientation may not have been as effective" (p. 545).

Goldfarb (1976, 1978) studied four combinations of supervisor style on counselor effectiveness and facilitative responding. Rather than viewing experiential and didactic strategies as mutually exclusive, or two opposite ends of a continuum, Goldfarb tried combinations of both and then measured the effects as reported by the counselor trainee's client. Three supervisory styles were significantly higher on the client-completed Counselor Effectiveness Inventory than the fourth supervisory style and control condition.

> When an overall measure of counseling effectiveness from the viewpoint of the client is used to determine differences in the effects of supervision differing levels of the didactic and experiential components of supervision do not produce a difference in the ratings given to counselors. Either type of supervision or a mixture of the two produces significantly greater effects than either an attention or no-treatment control.
>
> The high-didactic low-experiential group always ranked slightly above the high didactic, high-experiential group. This may indicate that in short-term supervision with relatively inexperienced counselors, the time spent in experiential aspects of supervision might better be spent in didactic didactic activities when specific skills are to be learned. On the other hand, the slight insignificant differences in skill attainment may be a desireable trade for possible increases in rapport and a better supervisor-supervisee relationship that may be enhanced by the inclusion of some experiential aspects in supervision. (Goldfarb, 1978, p. 459)

Wasserman (1975) studied the effects of three supervisory styles on counselor trainee's level of functioning and his findings supported the superiority of the didactic style of supervision.

Wasserman (1975) compared three styles of supervision: didactic with positive focus, didactic with negative focus, and experiential in a pretest, posttest control group design. It was found that only trainees who received the didactic approach with negative emphasis showed significant improvement on empathy, specificity, affect, and understanding, and that this treatment was significantly different from the control group only on the variable of specificity.

Individual style. Supervision has been described as a process of "meta-helping" that occurs in face-to-face discussions between a supervisor and a therapist-in-training. Just as a music therapy clinician uses both music and personal skills in therapy sessions, the supervisor uses supervisory skills and personal attributes in supervision. Those personal attributes, or physical, emotional, psychological, and cognitive traits of the supervisor, may be thought of as "influence potential" according to Strong's Interpersonal Influence Theory(1968). Strong's theory suggests that supervisors with enhanced influence potential are capable of more effective supervision than supervisors with diminished influence potential. The supervisor's amount of experience is a component of influence potential.

Holloway and Wolleat (1981) investigated the interactional process or style of beginning supervisors and found that "beginning supervisors have individual predilections for supervisory behaviors that are stable across

interviews with different trainees" (p. 373). Supervisors and trainees viewed a 10.5 minute videotape of five segments of a counseling interaction. Each supervisor was then randomly assigned two trainees for 45-minute, individual supervision sessions in which the task was to act as if the client had been referred to the trainee and would see the trainee the next week for counseling. They were instructed to behave as if trainee and supervisor would meet again the following week, and to focus supervision discussion on the client in the videotape. The supervision session was audiotaped using the Blumberg System for Analyzing Supervisor-Teacher Interaction (BIA) (1970) (adapted from Flander's system for analyzing teacher-student classroom interactions).

> Holloway and Wolleat (1981) found that:
> Supervisors differed significantly from one another on the ratio of supportive behavior and adapting to the trainee's frame of reference: on giving information, opinion, or suggestions; on negative value judgments and defensiveness; on the ratio of indirect to direct responses; and on the ratio of supervisor talk time to trainee talk time. Supervisors also differed significantly across interviews on giving information, opinions, and suggestions and on the ratio of indirect to direct responses. . .
>
> Trainee's behavior differed significantly in frequency of questions asked and in the amount of information, opinions, and suggestions given to supervisor. . .
>
> They concluded that a primary goal of educating teachers, counselors, or supervisors is to enlarge their capacity to control their instructional behavior. The successful supervisor can create a climate for learning that is appropriate for the particular trainee being supervised. . .
>
> Clearly, any style differences that might be present have implications for the content and

> method of subsequent instruction in skill development. Second, instrumentation that is chosen to describe supervisory interactions should reflect the range of behaviors that are included in the definition of supervisory style and should ultimately relate to a systematic approach to instruction in supervision. . .
>
> Recognition of beginning supervisor "styles" is a first step in the development of an individualized instructional methodology that systematically broadens the supervisor's skills and thus in turn allows him/her to individualize the trainee's learning program (Holloway & Wolleat, 1981, pp. 375-376).

Supervisor Experience Level

The experience level of the supervisor is an important variable affecting competence in supervisory skills for two reasons: amount of experience can increase the "influence potential" according to social influence theory, and experiences can lead to self-confidence and handling of situations that novice supervisors may never have encountered.

Smith (1975) studied the relationship between supervisor experience level and behaviors in simulated supervision sessions. Smith computed a Supervisor Experience Index for supervisors based on years of experience in four supervisory-related roles: supervisor, counselor, practicum instructor, and supervisee. Using a self-report measure of expectations of supervision, Smith classified supervisors as didactic or experiential, and asked them to listen to a 15-minute audiotape of a counseling session and then supervise the trainee. The trainee was a trained actor playing the trainee's role consistently for each supervisor-subject.

Smith found that the more experienced supervisors scored as more didactic; the less experienced supervisors scored as more experiential.

Smith suggested that the terms didactic and experiential are of limited usefulness for classifying supervisors' expectations and behaviors. The terms seem to obscure the actual differences between and within groups.

Effect of supervisor experience upon planning. Stone (1980) extended the suggestions of research in teacher planning to an investigation of supervisor planning. He distinguished two kinds of thinking in a study of supervisor cognitive process: thinking "on one's feet" during supervision, and thinking before supervision, or planning. The model of teacher planning upon which his research was based included (a) setting educational goals, (b) assessing learner characteristics, (c) selecting appropriate materials and subject matter, and (d) choosing from alternative instructional strategies. Planning was thus a process of decision-making; Stone cited research using the planning categories that revealed relationships between teacher planning, teacher behavior, and student outcomes.

Supervisor planning categories were used to code audiotapes of supervisors using a "thinking-aloud" technique to plan supervision sessions. The coding system employed the following categories of supervisor planning statements:

"Supervision goals" included statements about the intended supervisee outcomes toward which the supervisor was working.

"Lower order subject matter" included statements dealing with facts and information about the skill that was not related to counseling theory.

"Higher order subject matter" included statements dealing with information about the skill that was related to principles and concepts derived from counseling theory.

"Supervision process" included statements that described an activity or strategy that the supervisor intended to use during supervision.

"Materials" included statements about materials and aspects of the physical environment and their instructional use.

"Supervisee" included statements that accounted for one or more aspects of the supervisee's level of counseling skill development and ability to respond in a helping mode.

"Supervisor" included statements that concerned the supervisor's self-confidence, competence, anxiety, and doubts.

"Miscellaneous" included statements that did not fit into any of the above categories.

"Productivity" included the total number of statements coded (Stone, 1980, p. 85). Stone (1980) used a coding system modified from Peterson et al, 1978, and used Auld & White's (1956) system for dividing interviews into sentences.

He formed three groups of supervisors: inexperienced supervisors, graduate student supervisors, and experienced supervisors.

Stone (1980) found experienced supervisors generated more planning statements and that more of these statements concerned the supervisee than did statements generated by inexperienced or graduate student supervisors. He reported that the supervisory process was the focus of most statements for all groups, with no significant differences among groups. After process statements, the focus of statements depended on experience level: (a) experienced supervisors focused on the supervisee, (b) inexperienced supervisors focused on facts about the subject, and (c) graduate student supervisors focused on both topics equally. No significant differences emerged between experience levels for other data. Stone concluded that:

> Increasing experience enriches models of supervision by providing more information and choices, whereas inexperience tends to impoverish supervision models and restrict choices. . .
>
> Experience was not only associated with higher productivity, but a specific focus on the supervisee. This finding suggests that as supervisors become more familiar with the counseling process and apparently settle in a comfortable style, more time is available for focusing on the supervisee. On the other hand, supervisors, including inexperienced undergraduates and advanced graduate students, may use up their energy mastering unfamiliar content and in deciding on the appropriate strategy. Such a situation for the supervisor leaves little time for the supervisee. (Stone, 1980, p. 87)

Supervisor Skills

The NAMT has provided no guidance regarding supervisor skills. The AAMT has published a list of competencies for music therapists (entry level clinicians), but none for supervisor competencies. Many professions have adopted competency-based curriculums in training programs, and it appears that a list of supervisor competencies would enhance supervisor training and support.

Kunstler (1980) surveyed 58 agencies used as field sites for therapeutic recreation students and asked agency employees to rate the competencies needed to supervise students. The competencies ranked "most needed" were: (a) recognizing the educational value of fieldwork for the student, (b) analyzing the student's ability to employ the therapeutic recreation process, and (c) demonstrating the ability to work closely with another adult without feeling threatened by their questions, criticisms, ideas, or suggestions. The area of competency ranked highest in importance was "Interpersonal Relationship".

Pierce and Schauble (1970) investigated the effect of the level of a supervisor's skill in empathy on the growth of counselors. They tested Carkhuff's (1969) model of predicting growth of interpersonal functioning in facilitative dimensions of empathy, regard, genuineness, and concreteness.

Carkhuff's (1969) model states that the supervisor's level of functioning on these therapeutic dimensions influences the development of the supervisee on these same dimensions. Each dimension is measured on a five-level scale,

with level one as lowest, level three as minimal for therapeutic effectiveness, and level five as the highest.

> At the highest levels, the counselor comprehensively and accurately understands the other person's deepest feelings (empathy); cares deeply and recognizes the potential of the other person (regard); is freely and deeply himself in a nonexploitive relationship (genuiness); and is helpful in guiding the discussion directly and completely to specific feelings and experiences (concreteness).
>
> In contrast, the low-functioning counselor, appears to be completely unaware of even the most apparent feelings of the other person; does not see the other person's potential as a creative human being; is not able to verbalize his true experience (or when he does so is not able to use them effectively); and, discusses everything at an abstract and intellectualized level. (Pierce & Schauble, 1970, pp. 210-211)

Carkhuff's (1969) model postulates that a lower-level functioning trainee will require a long-term relationship with a facilitative supervisor (Level Three or above) to reach a minimum level of facilitative functioning. A trainee who is already minimally facilitative, who sees the surface world but is lacking in deep perceptions of it, will require only brief training by a high-level supervisor in order to become a high-level facilitator himself.

The model states that if a supervisor is functioning below Level Three, he can influence growth only in those below him, and he could not influence growth in this trainee beyond his own functioning level, except when the student is already at minimal Level Three and so is self-sustaining or the interaction is modified by contextual variables, (e.g., the student might get outside help).

The model states that if there is no significant difference between a low-level supervisor and his or her supervisee on the core conditions, the former will be able to effect no change or positive growth in the trainee's behavior on those conditions.

Pierce and Schauble (1970) found that trainee levels of facilitative conditions shift in the direction of supervisor levels of facilitative conditions.

> The interns having supervisors who themselves were functioning at high levels of empathy, regard, genuineness, and concreteness changed significantly and positively. The interns who had supervisors functioning at low levels on these dimensions did not change, and in fact tended to decline slightly.
>
> The individual supervisor is a highly critical and significant variable (in influencing therapeutic growth in graduate students). Only supervisees of high-level supervisors showed positive change. . . This implies that a modeling effect could be sufficient for learning. (Pierce & Schauble, 1970, pp. 210-214)

Worthington and Roehlke (1979) suggested that good supervision consisted of both experiential and didactic elements. They asked supervisors of beginning counselors-in-training to rate the importance to good supervision of 42 supervisor behaviors, and asked the trainees to rate the frequency with which the supervisor actually performed each behavior. Their purpose was to identify those specific supervisor behaviors that are perceived as most effective by supervisees.

The trainees rated the effectiveness of the supervisor along three dimensions: (a) satisfaction with supervision,

(b) supervisor competence, and (c) contribution of supervison to improved counseling ability.

Worthington and Roehlke (1979) found that supervisors and trainees differed in their definitions of good supervision. Supervisors considered giving accurate feedback the cornerstone of good supervision, and confrontation was considered important. Supervisors did not perceive some of the didactic-instructional behaviors as being vital.

The trainees' satisfaction with supervision, on the other hand, was predicted best by a good relationship with the supervisor and receiving direct help with skills.

Supervisors thought the following behaviors were more important than the trainees' thought they were: (a) giving negative feedback, (b) confronting supervisees, (c) being available during emergencies, (d) observing supervisee's sessions, (e) not missing supervision sessions.

Supervisors thought the following behaviors were less important than the trainee's thought they were: (a) modeling task-oriented behavior, (b) sharing own experiences, (c) providing literature in assessment and treatment, (d) providing structure during initial supervision sessions.

The trainees' perception of supervisor competence was best predicted by (a) greater experience, skill, and self-assurance of supervisor, (b) supervisor encouraging trainee to develop own counseling skills.

> Supervisors perceived supervision as primarily providing feedback to supervisees. . . Beginning counselors rated their supervision as good, however, if: (a) a personal and pleasant

> supervisor-supervisee relationship existed, (b) supervisor provided relatively structured supervision sessions, especially during early sessions; and (c) supervisors directly taught beginning counselors how to counsel (by example, by using literature, and by didactic instruction) and then encouraged the new counselor to try out their new skills. The controversy over the effectiveness of experiential and didactic training methods has existed for over ten years. Experiential training has focused on supervision as an interpersonal process. On the other hand, skills training has focused on supervision as resembling a student-teacher relationship. In this study, good supervision of beginning counselors-in-training consisted of both elements. (Worthington & Roehlke, 1979, pp. 64-71)

Worthington and Roehlke suggested several reasons for the discrepancies in ideas about supervision.

> What beginning practicum counselors seem to need most is for their supervisors to blend direct teaching with good relationship enhancement skills. . . Beginning practicum students often do not want feedback (especially negative feedback) about their counseling behaviors; they want to learn how effective counselors behave and how to behave as effective counselors. Counselors who are already self-confident about their counseling ability and who have a repertoire of assessment and intervention strategies usually do not like to be "taught". . . As counselors become more experienced, they may come to value more highly receiving feedback about their counseling behavior within an unstructured relationship. They may also come to value less being taught new counseling behaviors within a structured relationship. (Worthington & Roelke, 1979, p. 71)

Worthington and Roelke (1979) suggested that (a) most supervisors were trained as counselors, and often generalized good relationship enhancement skills to the supervisory relationship, whereas trainees need direct teaching plus a good relationship; (b) supervisors often supervised as they

would like to have been supervised, (i.e., they wouldn't like to be "taught"); (c) relatively inexperienced supervisors acted differently from experienced supervisors, perhaps accounting for their reluctance to be observed or to role-play; and (d) experienced supervisors are more didactic than inexperienced supervisors.

On the basis of these studies, the variable of supervisor experience level was selected for this experiment.

Supervisor Music Therapy Clinical Supervision Skills.

Aspects of the individual supervisor which are likely to affect the supervisory process include the organismic variables of personality traits, conceptual level, and psychological attributes. Additional sources of influence are the supervisor's expectations and preferences for supervision style based on past experiences as a supervisee and supervisor.

Supervisors may ascribe to a particular "school" of therapy, such as behavior modification, analytic therapy, transactional analysis, or developmental therapy, or may espouse an eclectic approach. Such variations among supervisors may enhance supervision, especially in cases where a student receives supervision from several supervisors, each of whom specializes in a different approach to treatment. Supervisor specialization may hinder student growth, though, especially in cases where the student and supervisor hold opposing points of view and there are no objective third parties available to balance an unyielding supervisor's bias.

In a similar vein, supervisors may be skilled in a wide variety of music therapy techniques or may use a narrow range of techniques. Some approaches have gained popularity to the extent of making "converts," that is, practitioners who use only the techniques of certain individuals such as Orff, Helen Bonney, or Nordoff and Robbins. Again, such variations in approach to technique may enhance or detract from a particular supervisory relationship depending on the people and needs involved.

Supervisors also vary in music therapy clinical competencies, which can influence supervision decisions. For example, supervisors often complain that a student lacks prerequisite piano, guitar, or vocal skills; one subsequently finds that the supervisor was a piano major, a string specialist, or a vocalist in college. Such biases stemming from differences in skills can again serve supervision in a positive or negative way, depending on how the bias is employed in relation to a given student's clinical needs.

Supervisors vary in their verbal facilitative skills, which is of particular importance for novice supervisors who attempt to transfer therapy expertise to supervision tasks. Whereas music therapy may be a primarily nonverbal form of interpersonal interaction, supervision is primarily a conversation between people. Music therapists who work with nonverbal populations may be especially needful of acquiring verbal skills for supervision that were not required for therapy. In any case, music therapists are not routinely

trained in verbal interaction skills as are counselors, social workers, and psychologists. Verbal facilitation skills involve responding empathically, reflecting feelings, communicating with warmth and genuineness, and providing various types of feedback.

Supervisor perceptions of behaviors. Supervisor perceptions of personal competencies and behaviors are important, because they contribute to motivation for seeking professional and personal growth, and because they contribute to the level of personal insight needed for effective communication in the supervisory relationship.

Finally, supervisors vary in levels of supervisory skills. Supervisory competencies, and the satisfaction of the supervisor and the student with the use of skills in providing helpful supervison, comprise the dependent variable in this study. The foregoing literature concerning supervisor skills was used in the preparation of a data-collection instrument for this experiment. In order to test supervision satisfaction of students and supervisors, a listing of supervisor skills was developed. Supervisor skills in the three role relationships of supervisor-teacher skills, supervisor-counselor skills, and supervisor-consultant skills were formulated. Appendix A represents the conversion of these skills into the Supervision Satisfaction Form.

Teacher skills include the abilities to assess accurately the student's abilities and needs and to convey information; counselor skills refer to abilities in the facilitative

dimensions of personal skills; consultant skills refer to abilities to influence others and to solve problems.

Table 2 lists the supervisor skills by areas.

Music Therapy Student Variables

The personal attributes of the student affect the student's supervision needs, therapeutic relationships with clients, and supervisory relationships. The findings pertinent to the music therapy student will be presented in five sections: (a) student cognitive characteristics, (b) student psychological attributes, (c) previous experiences of the student, (d) approaches to student evaluation, and (e) clinical skills of the student.

Student Cognitive Characteristics

Neufeldt (1978) studied the preference for behavioral or insight counseling of clients who were labeled formal or concrete thinkers. She predicted that subjects with higher capacity for formal thought would choose insight counseling, and that clients with more concrete thinking would prefer behavioral counseling.

Her hypothesis was based on the developmental psychology of Piaget. Formal thinkers were described as:

> being able to (1) consider problems at an entirely verbal level; (2) think about several problems and solutions at once; (3) make hypotheses to test; and (4) think about their own thinking. Concrete thinkers lack many of these abilities, which are usually taken for granted in insight counseling. (Neufeldt, 1978, pp. 184-185)

TABLE 2

Supervisor Skills for Music Therapy Clinical Supervision

Supervisor "teacher" skills include the abilities to:

1. Focus the content of supervision sessions on the student's skills and behaviors which are observed during music therapy sessions.

2. Demonstrate techniques, role-play interactions, and instruct student in music therapy techniques.

3. Refer student to research, assigned readings or observations related to clinical work.

4. Share own case conceptualization and make direct suggestions for the student's use in therapy.

5. Structure the supervision session by initiating discussion topics and refocusing discussion.

6. Give positive and negative feedback to student based on observation of student during therapy sessions and on professional standards.

7. Use professional vocabulary and frame of reference.

8. Monitor student compliance with clinical procedures and keep accurate records of student's work.

9. Make suggestions and/or corrections on student's written work.

10. Evaluate student skills fairly and according to clinic procedures.

Supervisor "counselor" skills include the abilities to:

11. Focus the content of supervision sessions on the student's feelings, thoughts, and experiences relating to clinical issues.

12. Function without judging the student's performance in order to facilitate the student's personal growth. Offer an open, helping relationship.

13. Support the student's efforts, reassure and encourage the student, and use facilitative communication techniques in supervision.

Table 2 (cont'd.)

14. Use questioning, clarification of student communication, and self-disclosure as supervision techniques.

15. Communicate caring, respect for the student's potential, and respect for the student's viewpoints.

Supervisor "consultant" skills include the abilities to:

16. Focus the content of supervision sessions on the client's needs and responses in therapy sessions.

17. Give student maximum freedom and autonomy by offering a collegial, democratic relationship.

18. Give data-based feedback on client or student target behaviors when requested.

19. Respond to student concerns and questions directly; encourage student to express supervision preferences.

20. Use problem-solving techniques (problem identification, prioritizing, brain-storming, viewing consequences, and strategy selection) in supervision.

21. Negotiate content and approach to supervision with student on a flexible, on-going basis.

22. Deal with administrative problems promptly and effectively.

23. Be available and dependable for supervision sessions.

Supervisor overall skills include the abilities to:

24. Meet the student's individual needs for supervision.

25. Develop a positive supervisory relationship with the student.

26. Use supervision time wisely.

27. Influence the student's personal and professional growth in a positive manner.

28. Provide good or helpful supervision. (Memory, 1983)

Concrete thinkers (1) rely on concrete experience, (2) proceed in an inductive fashion to solve one problem at a time, and (3) reflect little on their own mental processes (Neufeldt, 1978).

Neufeldt (1978) further suggested that insight counseling is based on more abstract thought and interpretation and that behavioral counseling is based on concrete experience.

Neufeldt (1978) and her staff observed subjects performing nine tasks developed by Piaget and his followers (Sund, 1976) to assess the level of cognitive development, and then classified subjects as formal or concrete thinkers. (Tasks were designed to display proportional thought, logical reasoning, verbal-deductive reasoning, combinatory logic, systematic memory, and conservation of volume.)

Neufeldt's hypothesis was based on the following observations. (1) Clients of high intelligence, as measured by IQ tests, have been more successful in psychotherapy than their less intelligent counterparts. (2) A high level of educational attainment is correlated with a positive therapeutic outcome, as is student status. (3) High intelligence is correlated with success in traditional psychotherapy but not with success in behavior therapy (Neufeldt, 1978). Neufeldt found that:

> Clients' cognitive characteristics are indicative of their expectations and preferences in counseling. Behavioral counseling, with its reliance on concrete experience and step-by-step behavior changes, allows concrete thinkers to approach emotional problems in the same manner in which they approach intellectual problems. Insight counseling, on the other hand, encourages formal thinkers to use their skills in verbal, abstract thought; in

> hypothesis-making; and in reflection on their own thinking processes. In other words, if individuals are accustomed to solving problems in particular ways, then they will be more comfortable in continuing to do so. It makes sense for counselors to try to assess clients' usual problem-solving strategies before determining a method of treatment. (Neufeldt, 1978, pp. 186-187)

Neufeldt (1978) found that subjects who chose the insight counselor had a significantly higher capacity for formal thought than subjects who chose the behavioral counselor.

Subjects were asked to read one of two scripts and then respond to two semantic-differentials.

The Behavioral counseling script was characterized by (a) counselor statements of descriptions of behaviors involved in the problem, (b) counselor suggestions for new target behaviors, (c) counselor references to previously learned deep muscle relaxation, and (d) counselor requests for practice of both the deep muscle relaxation and the new behaviors.

The insight counseling script contained (a) reflections of client feeling, (b) analysis of a dream, (c) use of a metaphor, and (d) several interpretations.

Neufeldt cited research showing that high cognitive level clients made more statements about themselves under behavioral counseling conditions. Because clients' initial expectations for success in therapy predicted psychotherapy outcome, it was recommended that the therapy approach match client expectations to as great an extent as possible.

Conceptual level of student. Berg (1977) and Berg and Stone (1980) reported on the relationship of conceptual level and degree of structure of supervision on counseling trainee's skill in reflection-of-feeling and satisfaction. Their work was based on Hunt's (1971) Conceptual Level Matching Model, which coordinates the learner's characteristics with instructional methods to maximize performance. Hunt (1971) suggested that there tends to be an inverse relationship between conceptual level and the degree of structure needed.

Hunt's low conceptual level learners (a) were more concrete, cognitively simple; (b) were externally oriented, and (c) asked for more repetition of instructions, for more suggestions, and for extended practice time. High conceptual level learners were (a) more abstract and cognitively complex, and (b) more independent. High-structured approaches were more teacher-controlled with pre-organized materials. Low-structured approaches were more learner-controlled with little or no pre-organization of materials. Low conceptual level learners were said to tend to profit more from high-structured approaches. High conceptual level learners were said to tend to profit more from low-structured approaches or were relatively unaffected by the degree of structure in the approach.

Berg (1977) used a microtraining situation with introductory psychology students in which videotape training and didactic training were used. The high-structure supervision was supervisor-controlled, and consisted of normative

feedback and external reinforcement. The low-structure supervision was trainee-controlled in that students were required to ask questions in order to receive feedback.

Berg (1977) found that the low conceptual level, high-structure group reported more satisfaction, perceived their supervisor as more helpful, and felt they had learned more than the low conceptual level, low-structure group. Low conceptual level trainees indicated greater preference for high structure; high conceptual level trainees were less affected by the degree of structure. Berg (1977) used a self-report measure of satisfaction and a behavioral measure for reflection-of-feeling skills. Helpfulness and anxiety during supervision were affected significantly by supervisor behavior (Berg, 1977). Berg and Stone (1980) found that self-report measures supported the Matching Model predictions for low conceptual level learners and that behavioral measures yielded minimal support.

> In light of the different preferences for supervisory treatment and initial verbal differences among conceptual level groups, it appears important to continue an Aptitude X Treatment interactions approach to counseling research rather than to rely only on investigations examining variations in method. . . Qualitative performance of novice counselors can be improved through supervision. (Berg & Stone, 1980, p. 508)

Stage of conceptual system functioning. Lutwak and Hennessy (1982) investigated the relationship of conceptual systems functioning to the development of skill in empathic responding of counselor trainees.

They defined four stages of conceptual functioning that are hierarchical and structurally different; the counselor trainee would progress developmentally through each stage.

> People respond to ego-involving situations through stable perceptual structures that serve to organize and integrate perceptions. This conceptual structure is a set of predispositions that an individual uses to construe and interpret events. Each of four stages has distinctive modes of processing information and interacting with the environment. (Lutwak & Hennessy, 1982, p. 257)

Lutwak and Hennessy (1982) predicted that individuals at lower stages of conceptual functioning would not be as effective in responding empathically as individuals at higher levels of conceptual functioning after experiencing similar training programs. Their findings confirmed that significant differences existed between and among the conceptual stages.

Stage One was characterized as a concrete level of thinking, with (a) dependence on external authority, (b) reliance on cultural standards and rules, (c) dogmatic and categorical judgments, (d) rigid belief systems, and (e) intolerance of ambiguity.

Stage Two was characterized by (a) a high degree of negativism; (b) strong resistance to dependency on external authority and control; and (c) rigid and categorical beliefs and judgments, but in opposition to authority.

Stage Three represented a more complex and abstract level of conceptual functioning, characterized by (a) relationships that are based on mutuality rather than authority; (b) use of social skills as the outstanding mode of adjust-

ment; and (c) concern for understanding the interactions, wishes, and viewpoints of other people ("as if" functioning).

Stage Four was described as the most abstract and integrated mode of perception, with (a) an open relationship with the environment; (b) the ability to receive and evaluate feedback; and (c) a better ability to consider events simultaneously from several viewpoints.

Lutwak and Hennessy concluded that:

> The results of both analyses clearly indicate that differences in assessed empathy are related to differences in stage of conceptual functioning even after systematic training. . .
>
> The lower stage trainee's tendency to prefer concrete nonambiguous problems may alter the direction of the counseling. . .
>
> By responding from a narrow and perhaps dogmatic conceptual framework, Stage One and Two counselors may fail to communicate understanding of the client and thus be unable to form a genuine relationship. (Lutwak & Hennessy, 1982, pp. 257-259)

Student Psychological Attributes

Theories in personality development and psychological attributes applied to supervision research suggest that the following variables may be important in supervision research: (a) the level of maturity and self-understanding of the student, (b) anxiety level and responses to stress, (c) ability to tolerate criticism and benefit from evaluation, (d) degree of commitment or ambivalence to a career choice, (e) extroverted or introverted personality and patterns of interpersonal relating, (f) needs for control, and (g) psychological differentiation.

While theories and research findings concerned with these issues may never by discussed in supervision or specifically considered by the supervisor, problems in these areas may present a major obstacle to the student's success as a therapist.

Psychological differentiation (field-dependence) of student and reaction to feedback. Bernstein and Lecomte (1979) studied the effect of different types of feedback on the immediate responses of counseling trainees who had been categorized as field-dependent or field-independent. Their purpose was to suggest a more intentional, systematic approach to counseling supervision by providing "data regarding the basic question of which types of supervisory feedback produce which immediate responses in which kinds of trainees" (p.297).

Bernstein and Lecomte (1979) selected the cognitive style variable of field dependence-independence because of its particular importance for helping professionals. They mentioned the importance of other personality and individual difference variables such as sex, anxiety, self-esteem, social desirability, and intelligence in affecting the individual's reactions to feedback from supervisors.

Field-dependent persons were described as higher than field-independent persons in social sensitivity, social skills, and need for approval. Field-independent persons were described as higher than field-dependent persons in

cognitive restructuring, personal autonomy, and need for intellectual consistency. Field-dependent persons tend to agree more with others' attitudes than field-independent persons, and are less able to separate emotion from content (Bernstein & Lecomte, 1979).

Field-dependent persons were described as (a) more socially oriented in that they prefer interpersonal over impersonal situations, (b) more attentive to social cues and able to get along better with others, (c) more likely to select human service professions, (d) more likely to seek approval and use external referents in defining their attitudes, and (e) more likely to use global defenses such as denial and repression (Bernstein & Lecomte, 1979).

Field-independent persons were described as (a) less socially oriented, (b) less attentive to social cues, (c) more concerned with ideas and abstract principles than emotions, (d) likely to perform better with criticism than field-dependent persons, (e) less likely to seek approval and more likely to use internal referents in defining their attitudes, and (f) more likely to use specialized defenses such as intellectualization and isolation (Bernstein & Lecomte, 1979).

Bernstein and Lecomte (1979) used four types of feedback in a simulated counseling training situation: moderate positive feedback, feedback that was congruent with the trainee's expectations, moderated negative feedback, and extremely negative feedback.

> Field-independent trainees agreed more and evaluated the feedback content more positively than field-dependent trainees. . . Significantly greater agreement, more positive content evaluation, and more accurate recall were elicited by positive and congruent feedback than by moderate and extreme negative feedback.
>
> Less desirable outcomes, from a counselor training point of view, such as greater distortion, more negative content evaluation, and disagreement with supervisor feedback, may occur more as feedback becomes increasingly negative from the trainee's expectancies regarding feedback from a particular supervisor.
>
> The finding that field-independents value personal characteristics and skills more highly after receiving congruent feedback and that field-dependents value feedback content more after self-enhancing feedback may suggest that counselor educators may eventually be able to formulate feedback mechanisms most appropriate for a particular counselor trainee.
>
> The greatest amount of agreement appeared when the feedback corresponded highly with the counselor trainee's expectancies for feedback, whereas less agreement occurred in response to moderate discrepant feedback, even when self-enhancing. This finding points toward the effectiveness of congruent feedback in eliciting trainee agreement and underscores the importance of determining a counselor trainee's expectancies for feedback from a particular supervisor. (Bernstein & Lecomte, 1979, pp. 301-302)

External and internal locus of control. Heyden (1977) studied the relationship of two methods of supervision (dynamic and behavioral) and progress in supervision in terms of locus of control theory and reactance theory.

Locus of control theory postulates that students with an internal locus of control perceive events as contingent upon their own behavior, operate from an internal frame of reference and provide much of their own reinforcement. Students with an external locus of control perceive events as outside

their control and are thus significantly dependent upon others for reinforcement.

Reactance theory concerns the phenomenon of resistance in supervision, where an antagonistic or adversarial relationship is present.

Heyden (1977) described dynamic supervision as (a) directed at interpersonal and intrapersonal awareness, and (b) geared toward the counselor's perceptions, attitudes, thoughts, and feelings in the counseling relationship.

Heyden (1977) described behavioral supervision as focused on the acquisition of counseling skills through a process of reinforcement, instruction, and modeling. Heyden hypothesized that student counselors with an internal locus of control should respond best to dynamic supervision, and that student counselors with an external locus of control should progress better with behavioral supervision.

Heyden predicted that internal counselors would experience more resistance in behavioral supervision and that external counselors would experience more resistance in dynamic supervision.

Although Heyden (1977) found that neither resistance nor progress in supervision were significantly related to supervision method or locus of control, he found a positive relationship between ratings of counselor progress and resistance. He suggested that locus of control may be situationally determined, and that counselors may move toward

an internal frame of reference as a function of effective supervision.

Trainee anxiety about evaluation. Two aspects of trainee evaluation can influence adversely the supervisory relationship and the benefits of clinical experience. The trainee's anxiety about evaluation can lessen the benefits of training, restrict openness to influence by the supervisor and prevent the trainee from learning by the discovery method, which involves experimentation and taking risks. Secondly, if the criteria of evaluation, nature of the evaluation procedure, and standards of performance are unknown or unclear, the trainee may not know the goals of the training or may be working at cross-purposes with the supervisor.

Explicit evaluation policies thus serve important purposes. They can (a) reduce unproductive trainee anxiety, (b) clarify roles and expectations, (c) increase the confidence in the fairness and expertise of the supervisor, (d) teach standards of performance for the profession, and (e) improve the supervisory relationship (Borman & Ramirez, 1975; Myrick & Kelly, 1971).

Kirchner (1974) studied expectations about supervision of counselors categorized according to five levels of experience, and found that:

> As experience level decreased, concerns of evaluation in a negative sense of dealing with trainee mistakes in counseling, and a need for more support, instruction,

> and assistance became stronger. Practicum trainees with one semester of experience seemed to express these concerns more strongly than any other level of experience. (Kirchner, 1974, p. 445-B)

Goralski (1978) identified aspects of supervision that often caused problems in the supervisory relationship. Those aspects were: trust, autonomy, adequacy needs, disclosure of feelings, termination, and evaluation. Goralski (1978) developed simulation materials to train students to deal with problematic aspects of the supervisory relationship and to teach students how to engage productively in supervision. The materials dealt with (a) awareness of crucial issues, (b) feelings and responses to these issues, (c) implications of those responses, and (d) possible alternative facilitative responses.

Smrekar (1979) conducted a study in which supervisees were instructed in the supervisee role; it was suggested that role-training could (a) reduce first-year counseling students' anxiety; (b) increase verbal behavior in supervision (e.g., self-evaluative and advice-seeking statements of the supervisee); and (c) improve counseling skill development. Although no significant differences were found between experimental and control groups, the hypotheses of this study support the observation that aspects of the supervisee role can be taught and learned.

Previous experiences of the student. The student's previous experiences may have a positive or negative impact on supervision needs and supervisory relationships, depending

upon the attitudes and styles of both student and supervisor. Experiences such as having earned a degree in a related field, raising a family, being married, travelling extensively, having had work experience, and having family, friends, or acquaintances who are handicapped are potentially potent influencers of supervision needs.

Research studies support the conclusion that the student's "stage of development" as a therapist requires specific supervision approaches. Jamieson (1978) concluded that distinct levels of training exist which require certain forms of supervision in order to meet unique needs. Jamieson's (1978) study concerned two desired student outcomes (therapist self-disclosure and therapist-client interaction ratio) in relation to supervisory styles.

Reising (1981) attempted to validate Hogan's stage model of therapist development and supervision by a factor analysis of developmental issues of trainees and supervisor behaviors of 141 counselors, graduate students, and professional staff.

> Results generally validated issues within Hogan's model . . . demonstrating Hogan's levels are not discrete, but overlapping. . . Model conformed to complex, not simple stage model criteria. . . The empirical validation of a developmental model for therapist trainees suggests that training programs and supervisors should respond differentially to developmental issues in their trainees. (Reising, 1981, p. 4208-B)

Reising (1981) found that the following developmental issues of trainees were related directly to experience: anxiety, independence, method, work validation and commitment, and ambivalence.

Approaches to Trainee Evaluation

It has been suggested that, to the extent that the goal of supervision is increased self-awareness, evaluation seems unethical (Gurk & Wicas, 1979). For the experiential, counseling-based model of supervision, evaluation may be inappropriate and explicitly excluded from the supervisory relationship.

Most practicums, however, are subject to either pass-fail or graded evaluation systems. There are various dimensions to evaluation, including (a) what person does the evaluation, (b) what knowledge, skills, or attitudes are evaluated, and (c) the method or instrument of evaluation.

Supervisor evaluations and self-evaluations. Borman and Ramirez (1975) studied the responses of counseling students, practicum assistants and graduate assistants (doctoral candidates), and faculty supervisors on the Counselor Evaluation Rating System (CERS). They found significant differences among the three categories of evaluators when rating the same practicum student. Differences were attributed to students' higher self-ratings and to differences in ratings between students and practicum assistants, who graded lower than students or faculty.

The CERS (Myrick and Kelly, 1971) was designed to be used by supervisors and peers in evaluating counselor trainees. In the CERS, the evaluator judges performance in four areas: (a) understanding of a counseling rationale (the way

the counselor conceptualized work, seven items); (b) counseling practice with clients (the way the counselor approached clients and the techniques and behaviors used, 11 items); (c) exploration of self and counseling relationships (the counselor's amenity to personal growth and professional development, eight items), and (d) whether or not the trainee could be recommended for a counseling position (one item) (Borman & Ramirez, 1975).

The difference among categories of raters brings into question the purposes to which the evaluation results may be put, and the reliability of findings. The fact that trainees, inexperienced supervisors, and experienced supervisors evaluated significantly differently brings the validity and objectivity of the items into question, as well as qualifications for supervisors.

Bernstein and Lecomte (1979) described a self-critique training program within a competency-based practicum. They noted that an important outcome of supervision is the development of counselor trainee self-reliance, promoting the ability to function as his or her own supervisor.

Bernstein and Lecomte (1979) described a competency-based training program that included evaluation of predetermined competencies. Self-critique training consisted of three components: (a) an initial self-evaluation, (b) a presentation by the student of a response rationale for self-selected videotaped excerpts of counseling sessions, and

(c) a comparison of the student's self-evaluation with focused critiques of the excerpts by the supervision group.

Bernstein & Lecomte (1979) offered a format that applied videotape and competency-based training and evaluation appropriate to practicum group supervision, promoting self-critique skills.

Students were to select two excerpts from counseling sessions to illustrate effective and ineffective responses for each identified competency. The rationale for self-evaluation consisted of nine questions:

1. What was I hearing my client say and/or observing my client do?
2. What was I thinking about my observations?
3. What were my alternatives to say or do at this point?
4. How did I choose from among my alternatives?
5. How did I intend to proceed with my selected response(s)?
6. What did I actually say or do?
7. What effect(s) did my response have on my client?
8. How, then, would I evaluate the effectiveness of my response?
9. What would I do differently now? (Bernstein & Lecomte, 1979, pp. 71-73)

The competency areas included the following process skills: (a) beginning an interview, (b) goal-setting: (c) using role-playing strategies; and (d) responding to inconsistent messages, personal questions, and overtalkativeness.

Bernstein and Lecomte (1979) concluded that "the crucial step of developing and adapting sets of competencies to program stages such as practicum remains a challenge for counselor educators" (pp. 69-70).

Clinical Skills of the Student

The differential skill levels of students have a direct bearing on the content and process of supervision; a student with weaknesses in many areas of clinical skills would require supervision much different than a student who is strong in all areas of clinical skills. During supervision, students are asked to reflect on their strengths and needs as clinicians throughout their clinical training, and to develop a realistic view of their capabilities and potentials.

The skill level of the student may influence or be related to satisfaction with supervision.

Music therapy clinical skills may be grouped in five categories: (a) music therapy session management, (b) therapeutic use of self, or personal skills; (c) case conceptualization; (d) musicianship and music methods, and (e) clinic procedures.

Table 3 indicates clinical skills for music therapy students, and Appendix B represents the compilation of these skills in a data collection instrument designed for supervisor evaluation and student self-evaluation of these skills (Memory, 1983).

Clinical skills are phrased in terms of abilities in order to maximize their usefulness in clarifying expectations of students and in discussions of student progress.

This section of Related Literature has served to support the choice of music therapy clinical skills as a variable in

TABLE 3

Music Therapy Student Clinical Skills

Music therapy student "session management" skills include the abilities to:

1. Begin and end sessions on time.
2. Arrange people, furniture and instruments to suit the needs of participants and activities.
3. Sequence activities logically and make smooth transitions between activities.
4. Present activities at the pace needed by the client(s) to remain interested and challenged.
5. Adapt activities flexibly and spontaneously to meet the ongoing needs of the client(s).
6. Assist client(s) in assessing client(s) strengths and progress toward objectives.
7. Communicate the purpose of activities in terms the client(s) can understand.
8. Explain and demonstrate activities clearly.
9. Review past experiences and work adequately.
10. Use effective questioning and elicitation.
11. Use verbal and nonverbal positive reinforcement to increase the frequency of desired responses.
12. Use ignoring and time-out from positive reinforcement to discourage undesired responses.
13. Set firm limits when necessary.
14. Model, shape, and cue desired responses, and reward successive approximations toward the goal.
15. Generalize clinic experiences to other situations by assigning relevant homework to client.
16. Prepare client(s) for separation or termination.
17. Respond to unexpected client behaviors in a resourceful and creative manner.

Table 3 (cont'd.)

18. Use a consistent and appropriate style of interacting with client(s); avoid using authoritarian style as primary role relationship.

19. Develop a positive relationship with client(s).

20 Communicate caring, respect for client(s)' potential, and appropriate warmth to client(s).

21. Exchange appropriate personal information with client(s); use self-disclosure to enhance the therapeutic relationship.

22. Use humor and/or enthusiasm to engage the client(s) and/or to enhance rapport.

23. Use own personal style to advantage; act genuinely, not mechanically, during sessions.

24. Give clear and consistent messages, verbal and nonverbal, regarding expectations of client(s).

25. Model behaviors and feelings appropriate to the music therapy session; behave professionally.

Music therapy student "conceptualization" skills include the abilities to:

26. Write goals based on assessment of client(s)' functioning in one or more areas appropriate to music therapy.

27. Write objectives that are attainable within the available treatment time.

28. Write assessment criteria that are observable, measureable, specific, relevant, and stated in positive terms.

29. Update client(s)' goals and objectives as required by ongoing assessment.

30. Plan activities which elicit desired responses directly related to client(s)' objectives.

31. Plan activities suited to the age, interests, and skills of client(s).

32. Plan activities that are adaptable to varied levels of client responses and part of a long-range plan.

Table 3 (cont'd.)

33. Write evaluation statements that are based on observed behavior which is directly related to client(s)' objectives; clearly indicate subjective impressions and interpretations.

Music therapy student "musicianship skills" include the abilities to:

Use effectively the following modalities as activities and/or accompaniments:

34. Piano

35. Vocal

36. Guitar or autoharp

37. Percussion

38. Mallet instruments

39. Recordings or tapes

40. Movement and dance

41. Echo structure

42. Improvisation

43. Instrumental arrangements

Music therapy student "clinic procedures" skills include the abilities to:

44. Submit written work at the agreed-upon time.

45. Use the prescribed format for written work.

46. Submit work that is free from grammatical, spelling, or typing errors.

47. Keep accurate records of clinical work.

48. Maintain client(s)' charts according to clinic procedures.

49. Contact appropriate persons immediately when sessions must be postponed or client fails to appear; follow through with revised plans.

Table 3 (cont'd.)

50. Leave therapy room(s) in proper order when done.

51. Schedule, attend, and actively participate in individual supervision sessions.

52. Attend and actively participate in group supervision.

53. Assess own clinical skills, set personal goals, and use own initiative and suggestions of others to improve clinical work.

this experiment, and to present the specific clinical skills which will be measured.

Supervisory Relationship Variables

The supervisory relationship is the third and final part of the seven-part interactive supervision system that will be studied in this experiment. Literature pertaining to the supervisory relationship will be presented in four sections: (a) supervision content and process, (b) supervision as an interpersonal influence process, (c) supervision satisfaction, and (d) interpersonal compatibility. The purpose of this section of Related Literature is to explain the nature of the content and process decisions that the supervisors in this experiment were asked to make when supervising in the treatment condition.

Supervision Content and Process

The supervisory relationship may be considered in terms of the content of discussion (what is said) and the process of discussion (how it is said).

Content refers to the actual task to be performed, the problem to be solved, or the subject matter of discussion. The content comprises the agenda of a supervision session, the ideas presented, topics discussed, solutions offered, decisions reached, and future agendas led.

Process, on the other hand, refers to how the agenda is reached and the manner in which the problem or topic is

approached, defined, discussed, and ultimately solved. Process involves communication patterns: which party structures discussion by making assertions, refocusing, asking questions and terminating discussion, and which party responds to those activities in various ways. The sequential give and take of communication and the range of behaviors of each party are aspects of the process of supervision.

Content and process behaviors of supervisors and students have been observed and quantified with the aid of interaction analysis systems in which duration of time spent in various categories of behaviors is recorded and analyzed (Blumberg, 1968; Blumberg, 1979; Flanders, 1976; Holloway and Wolleat, 1981; Holton, 1975; Kozisek, 1975; Wedeking & Scott, 1976; Wittmer, 1971).

Rapport or perceived relationship of members of a supervisory pair has been the focus of much research in the field of counselor training, and has been found to be related to trainee growth and client outcome (Bibbo, 1974; Kunstler, 1980; Lemons & Lanning, 1979; Lutwak & Hennessy, 1976; Newton, 1976).

Several representative studies will be summarized in order to illustrate the relationship of supervision content and process issues and satisfaction with supervision.

Process variables. Condon (1977) studied therapeutic conditions and feedback as variables of the supervisory relationship with counselors in training. The study was based on the hypothesis that certain therapeutic conditions

(e.g., level of regard, empathy, congruence, unconditionality of regard, and willingness to be known) and certain modes of feedback (e.g., verbal, nonverbal, strong, weak, here and now, there and then, supported, nonsupported, owned, not owned, positive, negative, directed non-directed, non-evaluative, evaluative, spontaneous, solicited, specific, general, and goal-related) would be related to levels of counselor effectiveness (Condon, 1977).

Twenty counselors and their supervisors were studied using the Barrett-Lennard Relationship Inventory and the Counselor Effectiveness Rating Scale in order to identify variables that were components of effective supervision in counselor education.

Discussion of feedback and relationship processes were suggested as appropriate activities for supervisory sessions and for group consultation among supervisors.

Condon (1977) found that level of regard and willingness to be known were therapeutic conditions that were related positively to counselor effectiveness. Modes of feedback that were related positively to counselor effectiveness were supported feedback and owned feedback. Nonsupported and not-owned feedback were negatively related to counselor effectiveness (Condon, 1977).

Turow (1981) studied graduate psychotherapists' perceptions of supervision process and outcomes in one of the few studies of trainees who were more advanced than the novice stage.

Turow (1981) examined the perceived supervision process and found that the process of supervision varied as a function of both supervisee skill level and stage of the supervisory relationship.

> Supervision process was examined via a list of supervisor behaviors. Subjects rated the frequency of occurence of each behavior in their present psychotherapy supervision.
>
> Predictors common to two or more outcome variables were: (1) positive interaction between supervisor and supervisee; (2) feedback and assessment; (3) lack of opposition to the supervisor; (4) committed focus on supervision; (5) supervisor's suggestions of alternative case conceptualizations; (6) a structured approach to supervision, e.g., goal setting; (7) supervisor's use of role play, and (8) provision of literature or references. (Turow, 1981, p. 4215-B)

Fitzmaurice (1978) suggested that humanistic psychology, developmental theories of Piaget, and systems theory were valid for developing an individualized, systemic approach to supervising student teachers. Fitzmaurice (1978) recommended that supervisors use various types of feedback in order to

> attempt to facilitate the students' discovery of their teaching selves--their beliefs, attitudes, values, ideals, and goals as a teacher (sic). In this role, the supervisor is geared more toward the liberation of a student's own unique teaching style rather than toward his or her indoctrination into pre-established norms and standards. (Fitzmaurice, 1978, p. 1487-A)

Deming (1977) and Cuff (1978) studied perceptions of supervision process using Maslow's theory of needs as a theoretical framework.

Maslow's theory of needs posits that human needs are hierarchical, and that people tend to progress up the needs scale. Any need at a lower level would prohibit need-fulfillment at a higher level. When gratified at a

needs level, people activate the next higher level, growing motivationally. Thus a trainee's needs would affect the type of supervision required for maximum growth and need-fulfillment.

Deming (1977) used a measure of self-actualization as a predictor of supervision effectiveness, based on the parallels between qualities of self-actualized persons and qualities of effective supervisors. Those qualities were empathy, warmth, genuineness, likeableness, trustworthiness, competence, and helpfulness. Deming reasoned that the role of the supervisor in counselor growth is considerable, and that self-actualization is related to counselor effectiveness. Therefore, the self-actualization level of the supervisor would have to be greater than the self-actualization level of the counselor-trainee, which in turn would have to be greater than that of the client in order for growth to occur in the client and in the counselor-trainee. Although the theory could not be supported by the findings, it was found that high self-actualizing counselors perceived their supervisor's style as experiential, whereas low self-actualizing counselors perceived their supervisor's style as didactic. Additionally, male supervisors were perceived as warmer and as higher in perceived effectiveness than female supervisors.

Cuff (1978) studied indirect influence versus direct influence in supervisory conferences in relation to student teacher gains. It was hypothesized that direct influence style of the supervisor would imply evaluation, arousing

needs for safety, belonging, and esteem. Indirect influence style would imply confidence in the trainee, thus satisfying those same needs. It was predicted that those student teachers whose supervisors used indirect influence would gain more than trainees whose supervisors stressed direct influence. The hypothosis was confirmed more for the cooperating teacher (supervisor) than for the college supervisor.

Supervision as an Interpersonal Influence Process

Strong (1968) applied social influence theory to counseling and the sources of counselors' influences on clients. The theory since has been applied to supervision (Corrigan et al, 1980). The theory suggests that the influence process between people operates in two stages: (1) The supervisor first increases his or her influence potential through the enhancement of key variables, including perceived expertness, attractiveness, and trustworthiness. (2) The supervisor then uses that influence to bring about changes in trainees. An extensive review of the literature on counseling as a social influence process was published in 1980 (Corrigan et al).

Social influence variables that are under the supervisor's direct control are called performance variables, (i.e., what the supervisor specifically does and how well it is done). Variables of social influence that are not under the supervisor's control include demographic or descriptive aspects such as age, gender, group membership, title,

training, experience, adjudged physical attractiveness, and other ascriptions arising from social norms or stereotypes.

Dodenhoff (1981) applied Strong's interpersonal influence theory in a study of interpersonal attraction and direct-indirect supervisor influence as predictors of counselor trainee effectiveness. He noted that regardless of supervisor philosophical positon or method, all approaches to supervision share the common goal of influencing trainee behavior.

Dodenhoff (1981) used three measures of trainee effectiveness as measured by the Counselor Effectiveness Rating Scale, and used two types of supervisor influence: direct and indirect methods of influence.

The direct influence method was characterized by supervisor initiation of information or opinion, corrective feedback, requests and directions, criticism, response to student questions, and praise and reward.

The indirect influence method was characterized by supervisor use of affective clarification and acceptance, cognitive and skill clarification and acceptance, and questions.

Dodenhoff found that:

> Trainees who were attracted to their supervisors (ratings of supervisor's expertness, trustworthiness, and attractiveness) were rated as more effective by supervisors on two measures, although attraction was not related to clients' perceptions of outcome. A direct style of supervision was related to trainee effectiveness, but on only one of three measures of the dependent variable. . . It is speculated that the apparent effect of supervisor style is due to direct style supervisors

> projecting more client improvement than indirect style supervisors. (Dodenhoff, 1981, pp. 47-52)

Dodenhoff (1981) found a main effect for attraction. An alternate explanation was that improved trainee performance was not due to increased acceptance of supervisor influence, but rather due to the supervisor's attraction to the trainee, reflected in the supervisor's evaluation of the trainee and rating of client outcome for the trainee's clients. Perhaps supervisors are more attracted to trainees who are attracted to them, and, due to a halo effect, rate those trainees higher.

LaCrosse (1980) studied the validity of the Counselor Effectiveness Rating Form by examining perceived counselor social influence and counseling outcomes. His findings concurred with Strong's theory; initial perceptions of helper expertness were the single most powerful predictor of outcome. LaCrosse (1980) concluded that "positive therapeutic outcomes require, among other things, preexisting helpee perceptions of helper credibility, prestige, status, and possession of special, expert knowlege" (p. 325).

Supervision Satisfaction

Lemons and Lanning (1979) studied value system similarity and the supervisory relationship. They used the Rokeach Value Survey (1967) and found no significant relationship between similarity of value systems (either held or anticipated) for supervisor or supervisee and either level of

communication in the supervisory relationship or overall satisfaction with the relationship.

They did find a strong relationship between the supervisee's satisfaction with the supervision relationship and the level of communication that was developed in supervision. They concluded that effective communication is a fundamental part of the supervisory relationship, and supervisors should focus on developing communication with trainees. They found that supervisors and supervisees evaluated the relationship in a similar manner and direction (Lemons & Lanning, 1979).

Lanning (1971) studied the relation between group and individual supervision of counselor trainees and three interrelated measures: (a) trainee perceptions of the supervisory relationship, (b) trainee expectations of their own counseling relationships, and (c) client perceptions of the trainee's counseling relationships.

Lanning (1971) found no support for the idea that the two methods of supervision were significantly different. He found:

> a "crossover" effect between types (i.e., individual or group) with one supervisor scoring higher with group treatment and the other two scoring higher with individual treatment. . . The results indicate differences among supervisors between each of the methods of supervision. . . In addition, more than half of the variance in how a trainee expected to be perceived by his clients was accounted for by knowing how he perceived his supervisor. (Lanning, 1971, pp. 404-405)

Holton (1975) also studied the degree of directness in supervision sessions in relation to satisfaction with

student teachers and their supervising teachers. Holton (1975) analyzed the interactions of conferences (which followed lessons taught by the student teachers) and studied the relationship of the supervisor's directness or indirectness with the student's satisfaction with the supervisory conference and satisfaction with student teaching.

> Degree of indirectness of supervisory behavior styles affects the satisfaction experienced by the student teacher. . . A positive relationship exists between the indirect ratio and satisfaction with the conference on the part of the student teacher and that there is a positive relationship between safisfaction with the supervision conference and safisfaction with the student teaching experience on the part of the supervising teacher (Holton, 1975, pp. 86-87).

Holton (1975) recommended that supervising teachers be indirect in approach to conference behaviors.

Newton (1976) found that there is a positive relationship between counselors' satisfaction with supervision and their perceptions of the supervisory relationship. Newton (1976) studied the effects of consistent and inconsistent supervisory pairings (same or different expectations of supervisor behavior) on (a) satisfaction with supervision, (b) perceptions of the supervisory relationship, and (c) rated counselor competency. Newton (1976) assessed supervisor and counselor expectations about supervision using the Supervisory Role Analysis Form (Gysber & Johnson, 1965, adapted by Smith, (1975) and then divided supervisors and counselors into two groups based on didactic or experiential expectations about supervision. Supervision sessions were

audiotaped at weeks one and six, and then counselors rated satisfaction and perceptions in the sixth week.

> Counselors receiving supervision either consistent or inconsistent with expectations do not differ significantly on perceptions of supervisory relationships, rated couselor competency, or satisfaction with supervision.
>
> There is a positive relationship between counselor satisfaction with supervision and their perceptions of the supervisory relationship. (Newton, 1976, pp. 911B-912B)

Heppner and Handley (1981) studied perceived influence sources, trainee ratings of satisfaction with supervision, and trainee perceptions of the therapeutic relationship (between the trainee and client). They found no relationship between perceived influence sources and satisfaction ratings, but did find a positive correlation between the trainee's perceptions of the supervisor's character (influence potential, e.g., perceived expertness, attractiveness, and trustworthiness) and (a) the trainee's satisfaction with supervision, and (b) the trainee's perception of the therapeutic relationship with clients. Heppner and Handley (1981) concluded that Strong's simple two-stage model of the social influence process was not supported. A possible confounding variable was the legitimate power which is attributed to the influencer by virtue of the role within society accorded him or her.

Interpersonal Compatibility

Stern (1978) studied interpersonal compatibility and counseling supervision using measurements of interpersonal

need compatibility (FIRO-B), counselor effectiveness (CERS), and relationship (BLRI).

> It was concluded that a high degree of supervisor-trainee compatibility may have an adverse effect on the supervisory process. . . Three compatibility variables, operating jointly, were significantly related to trainee satisfaction with the supervisor relationship as measured by the BLRI. These variables were interchange affection imncompatibility, reciprocal affection compatibility, and reciprocal control compatibility. . . Supervisors' satisfaction with the supervisory relationship was significantly related to supervisors' ratings of trainee counseling competence. Trainee's satisfaction was not associated with supervisor's ratings of competence. . . Supervisor-trainee compatibility as measured by the FIRO-B scale was not significantly related to supervisor rating of trainee counseling competence as measured by the CERS. (Stern, 1978, p. 6040-A)

Handley (1981) studied the relationship of the degree personality similarity of supervisors and trainees to counselor satisfaction using the Barrett-Lennard Relationship Inventory, the CERS, and the Myers-Briggs Type Indicator. The Myers-Briggs Type Indicator yields four scales: (a) extroversion-introversion; (b) sensing-intuition; (c) thinking-feeling; and (d) judgment-perception.

> Trainee personality characteristics are related to and may influence supervisor satisfaction with trainee performance and the interpersonal relationship between supervisors and trainees. On the other hand, supervisor personality characteristics do not appear to affect trainee satisfaction with supervision or trainee perceptions of the supervisory relationship. (Handley, 1981, p. 549-A)

Bibbo (1975) studied the relationship of supervisor-supervisee personality factors and the quality of the supervisory relationship. He studied 24 masters level counseling

trainees and seven doctoral level supervisors using the Sixteen Personality Factor Questionnaire to assess personality factors. The Counselor Evaluation Rating Scale (CERS) was completed by the supervisor and the student counselor after each of eight weeks of supervision; the Barrett-Lennard Relationship Inventory was also completed by both at the end of eight weeks. The Flanders Interaction Analysis System was used to compare verbal interactions of supervisors and student counselors in supervision.

Bibbo (1975) compared the supervisor's evaluation of the student counselor's effectiveness with a faculty member's evaluation to ensure that the supervisor was making an objective evaluation of the student counselor.

> A significant correlation was found between student counselor's perception of his supervisory relationship and his self-evaluation of his counseling effectiveness in the practicum. . . Matching supervisors and student counselors according to their personality factor profiles was of questionable value in terms of enhancing either the supervisory relationship or the student's effectiveness. . . No findings suggested that similarity or dissimilarity of personality factors are significantly related to perceptions of the quality of supervisory relationship or to evaluations of the student's effectiveness. (Bibbo, 1975, p. 5008-A)

Detry (1975) suggested that similar perception of the supervisory role seems to increase facilitative self-disclosure between practicum students and supervisors. In a study of supervisory role expectations and their effect on the practicum student-supervisor relationship and on the practicum student-client relationship, Detry (1975) concluded that similar perception of the supervisory role does not

appear to have an impact on facilitative communication between practicum student and supervisor or between practicum student and client.

Summary. Based on this review, the four variables selected for this experiment are (a) the treatment procedure of planning and evaluating supervisory sessions, (b) the supervisor's experience level, (c) the music therapy student's skill level, and (d) the satisfaction of both supervisor and student with the supervisor's use of supervision skills in providing helpful supervision.

III. PROCEDURES

Design, Hypotheses, Related Questions, and Statistical Analyses

The design of the study combined elements of experimental and trait-treatment interaction research methodology. Repeated measures (pretest, posttest) analyses of differences between experimental and comparison groups were conducted to test the hypotheses concerning the treatment.

Hypothesis #1. Music therapy students in the experimental group will report significantly greater satisfaction with supervision (as measured by the Supervision Satisfaction Form-MTS at posttest) than music therapy students in the comparison group.

A one-way analysis of variance (ANOVA) using the pretest and posttest scores of the treatment and comparison groups was used to test this hypothesis.

If a significant difference is found between the two groups, a one-way ANCOVA using the music therapy student's overall skill level as a co-variate will be conducted to test for main effects and interactions of that variable.

If a significant difference is found between the two groups, and if students may be divided into high and low skill level groups on the basis of scores on the MTSEF-SUP, a one-way ANOVA using high and low skill level groups will be conducted. If skill levels are too homogeneous within either

group to be meaningfully divided into two groups, descriptive analyses will be undertaken.

Hypothesis #2. Supervisors in the experimental group will report significantly greater safisfaction with supervision (as measured by the Supervision Satisfaction Form - SUP at posttest) than when they supervised students using the comparison conditions.

A one-way analysis of variance (ANOVA) using the posttest scores of the treatment and comparison groups was used to test this hypothesis.

If a significant difference between the groups is found, then, a one-way analysis of covariance (ANCOVA) using the supervisor's experience level (as measured by the SEI) as a co-variate will be conducted to test for interactions and main effects of that trait variable.

If experience level of supervisors is too homogeneous to be effectively divided into two groups, descriptive analysis will be undertaken.

Question #3. Did supervisors as a group (i.e., supervisors reporting both experimental and comparison condition responses) report significantly greater or lesser satisfaction with supervision at the posttest than at the pretest (as measured by the SSF-SUP)? This question was studied using two approaches to data analysis: (a) a condescriptive SSPS program; and (b) a one-way analysis of variance.

Question #4. Did supervisors report significantly greater or lesser satisfaction with supervision subscale

skills at the posttest than at the pretest? Two approaches was used: (a) using supervisor reports of both conditions combined and considered as a group; and (b) using supervisors as individuals.

A series of four t-tests was conducted for each of these two approaches.

Question #5. Did music therapy students report significantly greater or lesser satisfaction with supervision subscale skills (as measured by the SSF-MTS) at the posttest than at the pretest when MTS reports in both groups were combined and considered as a group?

A series of four t-tests was conducted for each of the four supervisor subscale skills.

Question #6. Did music therapy students report significantly greater or lesser skill level on the subscale skills at the posttest than at the pretest using all students' responses as one group?

A series of five t-tests was conducted to determine differences for each of the five music therapy student subscale skills.

Question #7. Did supervisors report significantly greater or lesser skill level evaluations for music therapy students on the five subscale skills at the posttest than at the pretest? Two approaches was used to study this question: (a) using supervisor reports from both groups combined and considered as one group; and (b) using supervisors as individuals.

A series of five t-tests was conducted to determine differences from pretest to posttest for each of the five music therapy student subscale skills.

Question #8. Did the high-experience level supervisors report significantly greater or lesser safisfaction with supervision at the posttest than the low-experience supervisors, irrespective of supervision conditions?

A one-way analysis of variance (ANOVA) was conducted.

Question #9. Was music therapy student skill level (as measured by the supervisor at pretest) correlated with the music therapy students' satisfaction with supervision (as measured by the SSF-MTS at pretest)?

A Pearson Correlation Coefficient was computed to determine whether a significant correlation exists.

Question #10. Was music therapy student skill level (as measured by the student's self-evaluation on the MTSEF at pretest) correlated with music therapy student satisfaction with supervision (as measured by the SSF-MTS at pretest)?

A Pearson Correlation Coefficient was computed to determine whether a significant correlation existed.

Question #11. Was music therapy student skill level as reported by the supervisor (measured by the MTSEF at pretest) correlated with the student's skill level as self-evaluated (on the MTSEF at pretest)?

A Pearson Correlation Coefficient was calculated to study a possible relationship.

Descriptive Statistics. An SPSS Frequency Program was conducted, and the following descriptive statistics were presented for pertinent variables: mean, median, mode, standard deviation, range, maximum, and minimum.

Analyses of sources of variance by level of traits (i.e., supervisor experience level and student skill level) were performed to test the hypotheses concerning differential effects on participants.

The unit of analysis for the treatment effect was the supervisory dyad (music therapy student - supervisor pair). In order to examine issues pertinent to participants irrespective of the treatment condition, subjects were regrouped and were considered as individuals for other statistical analyses.

In addition to the experimental subjects, additional supervisory dyads, for whom complete data and assignment to groups were impossible, were tested in order to examine aspects of the test instruments and response patterns.

There were eight supervisors (six of whom participated in the experiment), 20 music therapy students (15 of whom participated in the experiment), and 63 clients or client groups (24 of whom participated in the experiment). Students were assigned more than one client and more than one supervisor to fulfill practicum requirements. Students were assigned to supervisors at the beginning of the academic year according to schedule needs, and additional assignments were made according to (a) need for contrasting type of client,

(b) need for different supervisor, and (c) need for different day of music therapy session. Therefore, there was no bias operating in the assignment of students to supervisors that was related to the experimental variables.

The design required that students be placed in either the experimental or the comparison group, and that supervisors be placed in both groups equally in order to study the differential effect of the trait variable of the supervisor when the supervisor used the treatment and in the comparison conditions. The analysis of the effect of the level of each supervisor's experience in relation to supervision satisfaction under the two conditions was more important in this study than the complete independence of the groups. The limited number of available supervisors also influenced that decision.

The trait variables for students and supervisors (i.e., supervisor experience level and student skill level) were measured for use as co-variates if significant differences between groups were detected. The trait variables also were measured to study relationships with the satisfaction variable.

Subjects

The subjects in this study were the music therapy students and supervisors working in the Michigan State University (MSU) Music Therapy Clinic in the 1982-1983 academic year. Subjects had been working in supervisory pairs for two terms prior to the implementation of this

study, and thus had established ongoing patterns of supervision.

The eight supervisors (five female, three male) were all Registered Music Therapists, and ranged in experience from one supervisor with over 27 years in the profession to two supervisors who had completed recent internships. Supervisors included two music therapy members of the MSU Music Department faculty, two doctoral students in music therapy who were also graduate assistants, and four masters students in music therapy, three of whom were full-time students and one of whom was a part-time student while working full-time as a music therapist. The author participated in the experiment as a supervisor.

The 20 music therapy students (17 female, three male) were all music therapy majors enrolled in the senior level music therapy professional courses in which the practicum requirement was satisfied by providing music therapy services to one or more clients in the Music Therapy Clinic under the supervision of one or more of the supervisors described above.

All music therapy sessions were observed in their entirety by the supervisor, usually through a one-way mirror. Supervision sessions were held in either Clinic offices or the office of the supervisor, at times determined by the dyad.

Independent and Dependent Variables

Treatment variable. The treatment variable of the study was "satisfaction with the use of the supervisor's skills in providing helpful supervision." Satisfaction was measured using the Supervision Satisfaction Form (SSF) (Appendix A).

Music therapy student trait variable. The trait variable of the music therapy student was "level of clinical skills" as measured by the Music Therapy Student Evaluation Form (MTSEF) (Appendix C). The supervisors' responses were used because they were assumed to be more valid than the novice students' self-evaluation. Use of the supervisors' responses also permitted the supervisor to serve as his or her own control.

Supervisor trait variable. The trait variable of the supervisor was "experience level" in music therapy-related activities as measured by the Supervisor Experience Index (SEI) (Appendix E).

The trait variables were used as co-variates and also as a means of dividing supervisors into high-experience and low-experience groups. If trait levels resulted in homogeneous scores, that aspect of the design would be omitted.

Data Collection Instruments

Three data collection instruments were designed by the author in consultation with Michigan State University music therapy faculty (Professor Robert F. Unkefer and Mr. Roger Smeltekop).

Each was designed in accordance with the principles of measurement and testing, and with the following considerations: (a) content validity, (b) usefulness as a teaching tool to clarify clinical and supervisory expectations, (c) possible use in other clinical training situations that the students and supervisors might encounter, and (d) ease of administration.

The pretests were distributed to supervisors and students in separate groups (a staff meeting and a class meeting) and were handed in individually to the research assistant. The SEI was distributed to supervisors at the same meeting.

The posttests were distributed in class and staff meetings and handed in individually in the same manner.

Supervision Satisfaction Form. The Supervision Satisfaction Form (SSF) (Appendix A) was designed by the researcher to measure the amount of satisfaction with the supervisors' use of each of 28 supervisory skills in providing helpful supervision for the students' particular client assignment.

The SSF consisted of 28 statements of supervisor skills phrased as positive behaviors. These skills were organized in four "areas of competency": (a) supervisor teacher skills, (b) supervisor counselor skills, (c) supervisor consultant skills, and (d) overall supervisor skills. Likert-scale response options and corresponding point values were as follows:

(a) 9 - 10 Exceeded all expectations;
(b) 7 - 8 Completely satisfied;
(c) 5 - 6 Generally satisfied;
(d) 3 - 4 Somewhat satisfied;
(e) 1 - 2 Not at all satisfied;
(f) 0 Not applicable, not observed.

The areas of supervisor competencies were arranged according to progressively more advanced supervision methods, (e.g., methods useful for advanced or experienced supervisees). Thus teacher skills were first, and consultant skills and overall supervisor skills were last.

Respondents were instructed to rate how satisfied they were with the supervisor's use of each skill in providing helpful supervision. The SSF was administered at four times: (a) satisfaction reported by the supervisor, (b) posttest satisfaction reported by the supervisor, (c) pretest satisfaction reported by the music therapy student, and (d) posttest satisfaction reported by the music therapy student.

Appendix B indicates the names of each of the variables measured by the SSF.

Music Therapy Student Evaluation Form. The Music Therapy Student Evaluation Form (MTSEF) (Appendix C) was designed by the researcher in collaboration with the MSU Music Therapy Clinic staff for evaluation of music therapy student practicum skills. It was used in this study to determine a skill level to be used as a co-variate in statistical analyses and as a variable of importance in supervision decision-making.

The MTSEF consists of 53 items, each describing a clinical skill in positive behavioral terms. The 53 skills

were organized into five skill areas: music therapy session management skills, personal skills, conceptualization skills, musical skills, and clinic procedures. Likert scale response options were:

(a) 9 - 10 Excellent;
(b) 7 - 8 Good;
(c) 5 - 6 Satisfactory;
(d) 3 - 4 Needs improvement;
(e) 1 - 2 Unsatisfactory;
(f) 0 Not applicable, not observed.

The areas of clinical competency measured by the MTSEF were arranged according to relative importance in initial clinical training, with session management skills first and clinic procedures last.

The MTSEF was developed and used at four times: (a) the pretest evaluation of the student by the supervisor, (b) the posttest evaluation of the student by the supervisor, (c) the pretest self-evaluation by the student, and (d) the posttest self-evaluation by the student.

The content validity of the MTSEF was piloted in the MSU Music Therapy Clinic.

Appendix D indicates the names of the variables measured by the MTSEF.

Supervisor Experience Index. The Supervisor Experience Index (SEI) (Appendix E) was designed by the researcher to measure the amount of experience each supervisor had accumulated in areas pertinent to music therapy clinical training supervision. This evaluation of supervisors was used to create two groups for analysis: high-experience supervisors

and low-experience supervisors. It was designed to be used as a co-variate in the experimental analyses.

The SEI consisted of seven open-ended items to be filled in by each supervisor prior to the implementation of the experimental conditions.

Appendix F indicates the names of the variables measured by the SEI. (Variables one through nine were in fact not variable numbers, but were used for purposes of identification and coding.)

Each item was scored by the researcher according to amount of experience reported in the particular area, ranging from zero, for no experience, to five, for extensive experience in that area. Appendix G contains the scoring system for the SEI.

Experimental Procedures Forms

The Supervision Planning Aid (SPA) (Appendix H) and the Supervision Session Evaluation Form (SSEF) (Appendix I) were designed by the researcher to implement the experimental conditions of planning and evaluating supervision sessions.

Supervision Planning Aid. The Supervision Planning Aid (SPA) (Appendix H) was based on Bernard's Discrimination Model (1979), in which the supervisor chooses discussion content and role relationships for supervision according to the student's individual needs.

The content issues pertinent to music therapy supervision were listed in a column on the left, and included these

choices: (a) therapeutic interventions, (b) musicianship/ tech-niques, (c) activities/pacing, (d) client needs/ responses, (e) verbal interactions, (f) relationship with client, (g) feelings/reactions, (h) goals/objectives, (i) session evaluations/client chart, (j) clinic procedures, (k) scheduling concerns, (1) supervision needs/goals, and (m) other (specify).

The role relationships and brief descriptions of each were listed in a line across the top of the form, and included: (a) teacher-student (instructing, explaining, evaluating); (b) counselor-client (encouragement, reassurance, empathic response); and (c) consultant-colleague (problem-solving, responding to student-initiated structure).

Supervisors were instructed to choose three or more topics of discussion for their next supervision session with the student therapist, and then to select a role relationship for each topic. They were to place a number from one to three and a letter from "A" to "C" in each box corresponding to the topic and role relationship. The sequence of topics for discussion was indicated by "one" for the first topic, "three" for last topic, etc. Importance was indicated by "A" for highest priority, "C" for lowest priority topic, etc.

The supervisor was instructed to fill in the blanks indicating names and date of supervision session, to ask the student to look briefly at the planning aid form prior to supervision and to initial the form to indicate that the procedure had been followed.

Supervision Session Evaluation Form. The Supervision Session Evaluation Form (SSEF) (Appendix I) was designed by the researcher to implement the evaluation part of the experimental procedure. The SSEF comprised four questions to be answered immediately following the supervision session. Two formats were used; one form was to be completed by the student and one form was to be completed by the supervisor. Each was to complete the form confidentially and hand it in to the research assistant; neither student nor supervisor had access to the information on the other forms.

The four questions concerned the supervision session just conducted, and included questions on overall helpfulness, use of time, topics of discussion, and the personal approach or role relationship taken by the supervisor. Likert scale response options were:

> (a) exceeded all expectations (coded as five points); (b) completely satisfied (coded as four points); (c) generally satisfied (three points); (d) somewhat satisfied (two points); and (e) not at all satisfied (one point).

Instructions to Participants

Music therapy students were requested to participate in a study of supervision at the time of the pretest of the Supervision Satisfaction Form, which was administered during a class meeting of the course relating to practicum. Their permission to participate was requested on the cover page of the SSF, which they signed. Students were given no further instructions by the researcher until the posttest of the SSF,

at which time the research procedures were explained completely.

Supervisors also were asked to participate in the experiment at the time of the pretest, and to cooperate as subjects in both the treatment and comparison groups. They were given complete information regarding the study so as to increase their ability and willingness to supervise according to two independent approaches. They were informed which of their supervisees would be supervised in their traditional, habitual manner (comparison group), and which supervisees would be supervised using the experimental supervision approach. Supervisors were cautioned about the importance of maintaining existing supervisor approaches with comparison group supervisees.

Comparison group. Supervisory pairs in the comparison group were to continue supervision exactly as they had been doing. Supervisors were cautioned against using the treatment aids in comparison group pairs. All supervisory functions other than the planning and evaluation were available to the comparison group; no services that had been provided were withheld.

Experimental group. Supervisory pairs in the experimental group were asked to use the planning and evaluating procedures. Two forms were to be used for each of the three supervision sessions of the experiment--the SPA by the supervisor prior to supervision, the SSEF by both supervisor and student immediately following each supervision session.

The forms were to be turned in as soon as completed in order for the researcher to document that the procedures were followed.

Assignment to Experimental and Comparison Groups

Supervisory pairs were assigned in a random manner to the two groups, and then the composition of each group was adjusted according to the following criteria: (a) supervisors, who had varying numbers of supervisees, were assigned so that half their supervisees were in each group; (b) students, who had varying numbers of clients or client groups, were assigned so that all their supervisory assignments were in either one group or the other; (c) occurrences of supervising group versus individual therapy were distributed randomly across both groups.

Appendix K indicates the composition of the groups by group.

Appendix L indicates the composition of the groups by supervisor.

Appendix M indicates the composition of the groups by student.

Supervisory pairs were selected for the experiment from the available pairs of the MSU Music Therapy Clinic according to these criteria: (a) the student-supervisor-client(s) unit had been working as a unit for the previous two terms and were likely to remain together until the end of the experiment; and (b) the student and supervisor were engaged in

one-to-one supervision sessions, rather than group supervision sessions.

Of 63 supervisory pairs, 24 met the above two criteria, and were assigned to experimental or comparison groups on a random basis. The researcher adjusted the assignments to account for equal representation of supervisors in both groups, while keeping student members of pairs in either one or the other group. Appendix K indicates the composition of the pairs and the groups.

There were 12 cases in the experimental group, 12 cases in the comparison group, and 39 cases in a third group (due to participation in either pretest only, posttest only, or group supervision).

Assurance of Confidentiality

All participants were assured that all responses would be treated as confidential by the researcher and the research assistant. Test instruments were assigned a dyad number that corresponded to the supervisory pair, and all responses were recorded by dyad numbers.

The researcher participated in the experiment as a supervisor, and the assurance of confidentiality was crucial in obtaining valid responses.

Dyad numbers were assigned by the research assistant in random fashion. The researcher thus knew which responses referred to individual supervisors.

Experimental Timetable

The experimental conditions were in effect for four weeks during the 1983 Spring Term at MSU. The pretests were explained, distributed, and collected within a two-week period prior to implementation of the treatment conditions. The posttests were explained, distributed, and collected within a four-week period following the completion of the experimental conditions. All pretest data were stored for coding and analysis at the time when all data from the experiment had been collected.

The pretests of the SSF were explained and distributed to supervisors as a group during a staff meeting. They were completed and returned by each supervisor individually; the research assistant collected each pretest and assigned a dyad number to it.

The pretests of the SSF were explained and distributed to students during a class meeting of the senior level therapy course in which the practicum was required. Individual students then completed and returned the tests to the research assistant.

The pretests of the MTSEF were conducted as term-end evaluations of the student practicums for the preceding winter term.

The supervisors were informed of which supervisees were to be supervised using the experimental procedures of planning and evaluation, and requested to conduct the next three supervision sessions in that manner, after which the

posttests would be administered. The experimental conditions were in effect for four weeks, until approximately the middle of the term. The posttests were then administered.

The posttests were similarly explained, distributed, and individually completed and returned to the research assistant who wrote the identifying dyad number on each form.

Computation of Scores and Variables.

Raw scores for each item of the three data-collection instruments were entered as data for computerized scoring of overall and subscale scores for each member of each supervisory pair. Subscale scores for the areas of competency for each test instrument were calculated using the Statistical Package for the Social Sciences (SPSS) program named "Compute." Overall scores were computed by summing the total points and dividing by the number of items answered, excluding "not applicable, not observed" answers and items omitted.

This computation technique took into account the different number of scale items in the subgroups of items, as well as the instances of responses that could not be used (e.g., not applicable/not observed and omitted responses).

The researcher scored the SEI by summing the total points from all questions, which were scored from zero to five points each. Individual supervisor scores could assume values from one to 30; a zero score was not possible because all respondents were active supervisors.

Appendix N indicates names of computed variables for the data collection instruments.

IV. PRESENTATION AND ANALYSIS OF DATA

The purposes of this chapter are to present the findings of the statistical analyses for each of the hypotheses and research questions and to present descriptive statistics from each of the data collection instruments. When the term "significance" is used in reference to data analysis, "statistical significance at the .10 level" is indicated. The statistics were computed using SPSS programs Frequencies, Condescriptive, Compute, Anova, T-Test, and Pearson Correlation, which are available on the MSU Computer.

Findings of Statistical Analyses for Hypotheses and Questions

Hypothesis #1. Hypothesis #1 was that music therapy students in the experimental group would report significantly greater satisfaction with supervision (as measured by the SSF-MTS at posttest) than music therapy students in the comparison group. The hypothesis was not confirmed.

A one-way analysis of variance (ANOVA) was conducted using the pretest and posttest scores of the treatment and comparison groups (v17s and v17sp). In order to eliminate duplication of music therapy students in each of the groups, to eliminate MTS #16 (whose supervisor was not represented in

the comparison group), and to balance the cells, the group size was reduced to seven in each group.

The average total score for student satisfaction was computed by excluding missing and non-applicable items from the total number of items used as the denominator. The satisfaction by group ANOVA was performed using a significance level of .10. Table 4 indicates results for the ANOVA.

An F probability of .8447 and an F ratio of .04 revealed no statistically significant difference between the groups. The mean of the experimental group students was slightly lower than the mean of the comparison group students (7.0010 to 7.2012). The minimum reported score of the experimental group students was substantially lower than that of the comparison gorup students (2.8889 to 5.1786). The standard deviation of the experimental group students was also much larger (2.0810 to 1.6333).

Because no significant difference between groups was found, the statistical analysis using the co-variate was omitted.

Hypothesis #2. Hypothesis #2 was that supervisors in the experimental group would report significantly greater satisfaction with supervision (as measured by the SSF-SUP at posttest) than when they supervised students using the comparison conditions. The hypothesis was not confirmed.

A one-way analysis of variance (ANOVA) of posttest satisfaction of supervisors by group was conducted using a sample size of 10. Five supervisors were used in each group

TABLE 4

ANOVA Results for Hypothesis #1

Variable Music Therapy Student Satisfaction at Posttest (v17sp)
By Group (Experimental and Comparison)

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	1	.1402	.1402	.040	.8447
Within Groups	12	41.9904	3.4992		
TOTAL	13	42.1306			

Group	Count	Mean	S.D.	Standard Error	Minimum	Maximum	95 Pct.		Conf. Int. for mean
Experimental	7	7.0010	2.0810	.7865	2.8889	9.2857	5.0764	to	8.9256
Comparison	7	7.2012	1.6333	.6173	5.1786	9.3929	5.6906	to	8.7117
TOTAL	14	7.1011			2.8889	9.3929			
UNGROUPED DATA:			1.8002	.4811			6.0617	to	8.1405

because SUP #4 participated only in the experimental group and thus was excluded from this analysis. Table 5 indicates the results of this statistical analysis.

An F ratio of .142 and an F probability of .7157 indicate no significant differences between groups at the .10 level. The experimental group supervisors had a slightly lower mean (6.8982 to 7.0459) and notably higher standard deviation (.6924 to .5358) than the comparison group supervisors. Minimum and maximum reported scores for each group were similar (minimum reported scores were 6.3214 and 6.2679; maximum reported scores were 7.7857 and 7.5897 for experimental group and comparison group respectively).

Question #3. Question #3 asked whether supervisors as a group, (i.e., irrespective of treatment condition), reported significantly greater or lesser satisfaction with supervision at the posttest than at the pretest (as measured by the SSF-SUP).

This question was studied using two different statistical approaches: (a) a condescriptive analysis of means and variances, and (b) a one-way ANOVA.

The SPSS Condescriptive Program was used to analyze differences in pretest and posttest scores of supervisors' satisfaction. Table 6 indicates the findings of this analysis.

The researcher calculated the average satisfaction score for each supervisor at pretest and at posttest and entered these data for analysis. A sample size of 10 was used, with

TABLE 5

ANOVA Results for Hypothesis #2

Variable Supervisor satisfaction at posttest (v22sp)
By Group (Experimental and Comparison)

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	1	.0546	.0546	.142	.7157
Within Groups	8	3.0659	.3832		
TOTAL	9	3.1205			

Group	Count	Mean	S.D.	Standard Error	Minimum	Maximum	95 Pct.		Conf. Int. for mean
Experimental	5	6.8982	.6924	.3097	6.3214	7.7857	6.0385	to	7.7579
Comparison	5	7.0459	.5358	.2396	6.2679	7.5807	6.3807	to	7.7111
TOTAL	10	6.9720			6.2679	7.7857			
UNGROUPED DATA:			.5888	.1862			6.5508	to	7.3933

TABLE 6

Condescriptive Results for Question #3

Variable:	Supervisors Pretest Satisfaction (v22s)	Supervisors Posttest Satisfaction (v22sp)
mean:	5.870	6.972
variance:	.416	.347
minimum:	4.889	6.268
C.V. pct:	10.986	8.446
std. err.:	.204	.186
kurtosis	-1.585	-1.964
maximum:	6.625	7.786
.95 C.I:	5.408	6.551
std. dev.:	.645	.589
skewness	-.192	.029
sum	58.697	69.720
to	6.331	7.393
valid cases:	10	10
missing cases:	0	0

five in each group. (SUP #4 was not represented in the comparison condition and therefore the score in the treatment group was eliminated.)

There were differences in the means, standard deviations, and minimum and maximum reported scores for satisfaction of supervisors at the posttest as compared with the pretest. The mean increased from a pretest level of 5.870 to a posttest level of 6.972. The standard deviation decreased from .645 on the pretest to .589 at posttest. The minimum reported score increased substantially (4.889 at pretest and 6.268 at posttest), as did the maximum score (6.625 at pretest and 7.786 at posttest).

Question #3 (b) was answered similarly when analyzed using the one-way ANOVA procedure. Ten pretest and 10 posttest cases were used (the five supervisors' scores from both treatment conditions were combined and considered as one group; SUP #4 again was excluded). Table 7 indicates the complete results of this analysis.

Supervisors reported significantly greater satisfaction at the posttest than at the pretest when treatment condition was not considered. An F ratio of 15.936 yielded an F probability of .0009 which was statistically significant well beyond the .10 level.

Question #4. Question #4 asked whether supervisors would report significantly greater or lesser satisfaction with supervision subscale skills at the posttest than at the pretest. This question was studied with the use of two

TABLE 7

ANOVA Results for Question #3

Variable Supervisors' Satisfaction at Posttest (v22sp)
By Group (PRETEST and POSTTEST)

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	1	6.0757	6.0757	15.936	.0009
Within Groups	18	6.8627	.3813		
TOTAL	19	12.9384			

Group	Count	Mean	S.D.	Standard Error	Minimum	Maximum	95 Pct.		Conf. Int. for mean
Pretest	10	5.8697	.6448	.2039	4.8889	6.6250	5.4084	to	6.3310
Posttest	10	6.9720	.5888	.1862	6.2679	7.7857	6.5508	to	7.3933
TOTAL	20	6.4209			4.8889	7.7857			
UNGROUPED DATA:			.8252	.1845			6.0347	to	6.8071

statistical techniques: (a) supervisor reports of both conditions combined and considered as a group (N = 24), and (b) supervisors considered as individuals (N = 6).

Subscale scores were calculated by the use of the SPSS "Compute" facility, which accounted for not applicable/not observed and missing responses (which resulted in differing numbers of items answered). Variables used were v18s and v18sp (teacher skills); v19s and v19sp (counselor skills); v20s and v20sp (consultant skills); and v21s and v21sp (supervisor overall competence).

A sample size of 24 was used, with six supervisors represented in both conditions, each with 12 average scores at pretest, and 12 average scores at posttest. The average pretest and average posttest scores were calculated for each supervisor in each condition and then a series of four T-Tests was performed for the pre-post pairs. Table 8 indicates the results of these analyses.

The correlation of pretest and posttest scores was positive for each of the four subscales (.409, .400, .396, and .645), which indicated that the paired T-Test procedure was appropriate. A two-tailed test of probability was used because a direction of inequality of means was not predicted.

Supervisors' satisfaction subscale scores were statistically significantly different from pretest to posttest when scores from the experimental and comparison conditions were combined and treated as one group. The T values of all four subscales were statistically significantly different at

TABLE 8

T-test Results for Question #4 (a): Supervisors' Satisfaction from Pretest to Posttest

Variable Number	Number of Cases	Mean	Standard Deviation	Standard Error	Corr.	2-Tail Prob.	T Value	Degrees of Freedom	2-Tail Prob.
Teacher Skills									
v18s		5.7690	1.037	.212					
	24				.409	.047	-4.44	23	.000
v18sp		6.7250	.894	.182					
Counselor Skills									
v19s		6.5417	1.167	.238					
	24				.400	.053	-3.99	23	.001
v19sp		7.5083	.983	.201					
Consultant Skills									
v20s		6.1626	1.160	.237					
	24				.396	.055	-3.96	23	.001
v20sp		7.0923	.896	.183					
Overall Competence									
v21s		6.3167	1.190	.243					
	24				.645	.001	-4.08	23	.000
v21sp		7.1083	1.042	.213					

posttest at well beyond the .10 level (two-tailed probabilities for the subscales were .000, .001, .001, and .000).

The means increased from pretest to posttest for all four subscales (5.7690 to 6.7250; 6.5417 to 7.5083; 6.1626 to 7.0923; and 6.3167 to 7.1083). The standard deviations decreased from pretest to posttest for all four subscales (1.037 to .894; 1.167 to .983; 1.160 to .896; and 1.190 to 1.042). These findings indicate that supervisors were more satisfied with supervision at the posttest for all four subscales.

The second statistical approach to Question #4 involved the use of supervisors as individuals (N = 6) to discover whether supervisors as individuals reported significantly greater or lesser satisfaction with supervision subscale skills at the posttest than at the pretest.

Each supervisor's pretest scores from both conditions were averaged and then compared for significant differences using a T-Test for each of the four supervisor subscale skills. The variables used were the same as for the analysis in Question #4 (a). Table 9 indicates the complete findings for the subscale T-Tests.

Again, the correlation of pretest and posttest scores was positive for each of the four subscales (.793, .724, .714, and .650), which indicated that the paired T-Test procedure was appropriate.

Results were somewhat similar to the previous analysis. The T value of only the first subscale, supervisor-teacher

TABLE 9

T-test Results for Question #4 (b): Supervisors' Satisfaction from Pretest to Posttest

Variable Number	Number of Cases	Mean	Standard Deviation	Standard Error	Corr.	2-Tail Prob.	T Value	Degrees of Freedom	2-Tail Prob.
Teacher Skills									
v18s		6.1940	1.492	.609					
	6				.793	.060	-2.32	5	.068
v18sp		7.0614	1.069	.436					
Counselor Skills									
v19s		7.0089	1.511	.617					
	6				.724	.103	-1.80	5	.132
v19sp		7.7861	.907	.370					
Consultant Skills									
v20s		6.6349	1.698	.693					
	6				.714	.111	-1.61	5	.167
v20sp		7.4246	1.059	.432					
Overall Competence									
v21s		6.7144	1.290	.527					
	6				.650	.163	-1.38	5	.227
v21sp		7.2806	.608	.248					

skill, was statistically significantly different at posttest (two-tailed probability of .068). The three other subscale probabilities did not reach the .10 significance level (.132, .167, and .227).

The means and standard deviations, however, yielded results quite similar to the previous approach to analysis. The means of all four subscales increased from pretest to posttest (6.1940 to 7.0614; 7.0089 to 7.7861; 6.6349 to 7.4246; and 6.7144 to 7.2806). Likewise, the standard deviations for all four subscales decreased from pretest to posttest (1.492 to 1.069; 1.511 to .907; 1.698 to 1.059; and 1.290 to .608). This supports the conclusion that supervisors' satisfaction increased from pretest to posttest for the four subscale skill areas.

Question #5. Question #5 asked whether music therapy students reported significantly greater or lesser satisfaction with supervision subscale skills (as measured by the SSF-MTS) at the posttest than at the pretest. Student reports from both groups were combined and considered as one group (N = 24). A series of four T-Tests was conducted for each of the four supervisor subscale areas.

Twelve students from the experimental group and 12 students from the comparison group were combined to create a group of 24, and pretest and posttest subscale scores were compared for significant differences. Table 10 indicates complete findings of this analysis. Variables used were v13s and v13sp (teacher skills), v14s and v14sp (counselor

TABLE 10

T-test Results for Question #5: Music Therapy Students' Satisfaction from Pretest to Posttest

Variable Number	Number of Cases	Mean	Standard Deviation	Standard Error	Corr.	2-Tail Prob.	T Value	Degrees of Freedom	2-Tail Prob.
Teacher Skills									
v13s		6.2444	1.300	.265					
	24				.497	.014	-2.02	23	.055
v13sp		6.8481	1.577	.322					
Counselor Skills									
v14s		5.9167	1.989	.406					
	24				.498	.013	-2.80	23	.010
v14sp		7.0500	1.971	.402					
Consultant Skills									
v15s		6.4695	1.313	.268					
	24				.297	.158	-1.81	23	.084
v15sp		7.1451	1.728	.353					
Overall Competence									
v16s		6.5304	1.496	.312					
	23				.344	.108	-2.01	22	.057
v16sp		7.3826	1.983	.414					

skills), v15s and v15sp (consultant skills), and v16s and v16sp (supervisor overall competence).

The correlation of pretest and posttest scores was positive for each of the four subscales (.497, .498, .297, and .344), which indicated that the paired T-Test procedure was appropriate. The correlations were markedly lower than those of the supervisors, however.

Results indicated significantly greater student satisfaction at posttest on all four subscales than at pretest. The T values of the subscales reached two-tailed probability levels of .055, .010, .084, and .057. The supervisor-counselor scale (.010) yielded the most change. The means of all four scales increased from pretest to posttest (6.2444 to 6.8481; 5.9167 to 7.0500; 6.4695 to 7.1451; and 6.5304 to 7.3826). The counselor skills scale yielded the lowest mean at pretest and the greatest amount of increase at posttest.

The standard deviations yielded results different than those for the supervisors' satisfaction. Three of the four standard deviations increased from pretest to posttest (1.300 to 1.577; 1.989 to 1.971; 1.313 to 1.728; and 1.496 to 1.983). The counselor skills scale began with and retained the most scattered scores. The students' standard deviations at posttest were in all scales greater than those for the supervisors at posttest.

Question #6. Question #6 asked whether music therapy students would report significantly greater or lesser skill

level on the five subscale skills at the posttest than at the pretest. All students' responses were combined and considered as one group, which would have resulted in N = 24 if all students had submitted complete self-evaluation forms. A series of five T-Tests was conducted using the scores of twelve students from each group at pretest and 12 from each group at posttest to determine differences for each of the student subscale clinical skills.

Variables used were: v1s and v1sp (session management skills); v2s and v2sp (personal skills); v3s and v3sp (conceptualization skills); v4s and v4sp (musicianship skills); and v5s and v5sp (clinic procedures skills). Subscale skill scores were computed using the SPSS "Compute" facility. Table 11 indicates complete findings for this question.

A positive correlation was found for pretest and posttest scores for the five subscales (.337, .365, .036, .702, and .569), which indicated that the paired T-Test procedure was appropriate.

None of the T values reached the .10 significance level (.598, .421, .636, .755, and .569); thus no statistically significant differences for pretest to posttest subscale skills were found. Four out of the five subscale means for student self-evaluations decreased slightly from pretest to posttest; only the conceptualization scale mean showed a minute increase. The means of the subscales from pretest to posttest were: 7.4824 to 7.3617; 7.8816 to 7.6951; 7.3750 to 7.4830; 7.3493 to 7.2867; and 8.1255 to 8.0052. The standard

TABLE 11

T-test Results for Questions #6: Music Therapy Student Self-evaluation of Subscale Skills from Pretest to Posttest

Variable Number	Number of Cases	Mean	Standard Deviation	Standard Error	Corr.	2-Tail Prob.	T Value	Degrees of Freedom	2-Tail Prob.
Session Management Skills									
v1s		7.4824	1.065	.222					
	23				.337	.116	.54	22	.598
v1sp		7.3617	.763	.159					
Personal Skills									
v2s		7.8816	1.043	.228					
	21				.365	.104	.82	20	.421
v2sp		7.6951	.756	.165					
Conceptualization									
v3s		7.3750	.789	.172					
	21				.036	.876	-.48	20	.636
v3sp		7.4830	.689	.150					
Musicianship									
v4s		7.3493	1.333	.278					
	23				.702	.000	.32	22	.755
v4sp		7.2867	.909	.190					
Clinic Procedures									
v5s		8.1255	1.138	.237					
	23				.569	.005	.58	22	.569
v5sp		8.0052	.992	.207					

deviations decreased consistently from pretest to posttest (1.065 to .763; 1.043 to .756; .789 to .689; 1.333 to .909; and 1.138 to .992).

Question #7. Question #7 asked whether supervisors reported significantly greater or lesser skill level evaluations for music therapy students on the five subscale skills at the posttest than at the pretest. Two approaches were used to study this question: (a) supervisor reports from both groups combined (12 experimental; 12 comparison) and considered as one group (N = 24); and (b) supervisors as individuals (N = 6, thus four scores from each supervisor).

A series of five T-Tests was conducted to determine differences from pretest to posttest for each of the five music therapy student subscale skills with the use of supervisor reports from both groups combined and considered as one group (N = 24). Subscale scores were computed using the SPSS "Compute" facility. Variables used were: v7s and v7sp (session management skills), v8s and v8sp (personal skills), v9s and v9sp (conceptualization skills), v10s and v10sp (musicianship skills), and v11s and v11sp (clinic procedures skills). Table 12 indicates complete findings of these analyses.

Correlations of pretest and posttest scores were positive for the five subscales (.784, .590, .208, .661, and .189), indicating that the paired T-Test procedure was appropriate.

TABLE 12

T-test Results for Question #7 (a): Supervisors' Evaluation of Music Therapy Student Subscale Skills from Pretest to Posttest

Variable Number	Number of Cases	Mean	Standard Deviation	Standard Error	Corr.	2-Tail Prob.	T Value	Degrees of Freedom	2-Tail Prob.
Session Management Skills									
v7s		7.1934	1.117	.228					
	24				.784	.000	-5.43	23	.000
v7sp		8.0513	1.219	.249					
Personal Skills									
v8s		7.4897	1.158	.236					
	24				.590	.002	-3.26	23	.003
v8sp		8.2083	1.221	.249					
Conceptualization									
v9s		7.9315	2.684	.548					
	24				.208	.328	-.77	23	.450
v9sp		8.3542	1.178	.240					
Musicianship									
v10s		6.9760	.975	.199					
	24				.661	.000	-6.54	23	.000
v10sp		8.0455	.970	.198					
Overall Skills									
v11s		8.7371	.890	.182					
	24				.189	.376	-.64	23	.528
v11sp		8.8773	.787	.161					

Significant differences at the .10 level were found for T values of three of the subscales using a two-tailed probability (session management, .000; personal skills, .003; and musicianship, .000). The two other scales did not approach the .10 significance level (conceptualization, .450 and overall skills, .528).

The means improved for all subscales from pretest to posttest (7.1934 to 8.0513; 7.4897 to 8.2083; 7.9315 to 8.3542; 6.9760 to 8.0455; and 8.7371 to 8.8773). The standard deviations were inconsistent across subscales: two scales showed slight increases (session management, .228 to .249; and personal skills, .236 to .249). Three scales showed decreases in standard deviations from pretest to posttest (conceptualization, .548 to .240; musicianship, .975 to .970; and overall skills, .890 to .787).

The second approach (#7 b) to data analysis involved the use of the supervisor's responses when taken as individuals, (i.e., where an average subscale score was calculated by the researcher for each supervisor pretest and each supervisor posttest). A T-Test then was performed on each pre-post pair (N = 6) with the use of the same variables as in Question #7 (a). Table 13 indicates the complete findings of these analyses.

Again, the correlations for pretest and posttest scores were positive for all five subscales (.916, .773, .569, .892, and .278), indicating that the paired T-Test procedure was appropriate.

TABLE 13

T-test Results for Question #7 (b): Supervisors' Evaluation of Music Therapy Student Subscale Skills from Pretest to Posttest

Variable Number	Number of Cases	Mean	Standard Deviation	Standard Error	Corr.	2-Tail Prob.	T Value	Degrees of Freedom	2-Tail Prob.
Session Management Skills									
v7s		7.5891	1.342	.548					
	6				.916	.010	-3.32	5	.021
v7sp		8.3260	1.302	.532					
Personal Skills									
v8s		7.8354	1.248	.510					
	6				.773	.072	-1.75	5	.140
v8sp		8.4438	1.174	.520					
Conceptualization									
v9s		7.7746	1.318	.538					
	6				.569	.239	-1.74	5	.143
v9sp		8.5833	1.107	.452					
Musicianship									
v10s		7.3679	1.248	.510					
	6				.892	.017	-4.13	5	.009
v10sp		8.3180	1.109	.453					
Overall Skills									
v11s		8.9224	.829	.338					
	6				.278	.594	-.32	5	.759
v11sp		9.0474	.741	.302					

The T values of two subscales were significantly different at posttest: session management (probability = .021) and musicianship (.009). Two subscales approached significance at the .10 level: personal skills (.140) and conceptualization (.143). Overall skills did not approach significance (.759).

The means of the subscales consistently increased and standard deviations consistently decreased from pretest to posttest for all five subscales.

Question #8. Question #8 asked whether high-experience level supervisors reported significantly greater or lesser satisfaction with supervision than low-experience level supervisors at the posttest, irrespective of supervision conditions.

A one-way ANOVA was performed for satisfaction by group (high-experience level and low-experience level supervisors) using an N = 6. A satisfaction score for each supervisor at posttest was calculated by the researcher. The median SEI score was used to divide the six supervisors into two groups of three persons each; the distinction of high and low levels was quite dramatic. Table 14 indicates the results of this analysis.

An F probability of .3291 revealed no significant difference between the satisfaction of high-experience and low-experience level supervisors as evidenced by their scores on the posttest. The mean of the high-experience level supervisors was lower than the mean of the low-experience

TABLE 14

ANOVA Results for Question #8: Supervisors' Satisfaction By Experience Level at Posttest

Variable Supervisors' Satisfaction at Posttest
By Group (High Experience and Low Experience Supervisors)

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	1	1.5098	1.5098	1.233	.3291
Within Groups	4	4.8980	1.2245		
TOTAL	5	6.4078			

Group	Count	Mean	S.D.	Standard Error	Minimum	Maximum	95 Pct. Conf. Int. for mean
High Experience	3	6.4387	.2792	.1612	6.2232	6.7541	5.7452 to 7.1322
Low Experience	3	7.4420	1.5398	.8890	6.1429	9.1429	3.6168 to 11.2672
TOTAL	6	6.9403			6.1429	9.1429	
UNGROUPED DATA:			1.1321	.4622			5.7523 to 8.1283

level supervisors (6.4387 to 7.4420). The standard deviation of the high-experience level supervisors was radically lower (.2792 to 1.5398). While the minimum reported scores were similar (6.2232 and 6.1429), the maximum reported score of the high-experience level supervisors was almost three points lower than the maximum reported score of the low-experience level supervisors (6.7541 to 9.1429).

Question #9. Question #9 asked whether music therapy student skill level (as measured by the supervisor on the MTSEF at pretest) was correlated with the students' satisfaction with supervision (as measured by the SSF-MTS at pretest).

A Pearson Correlation Coefficient was computed with the use of v12s (MTSEF-SUP) and v17s (SSF-MTS), which are the overall skills scores for those variables. A sample size of 38 included all students except those in group supervision and omitted dyads that participated only in the posttests. Table 15 indicates the complete findings for this analysis.

The probability of the correlation coefficient (R = .2662) was .106, which almost reached the determined significance level of .10.

Question #10. Question #10 asked whether music therapy student skill level (as measured by the students' self-evaluation on the MTSEF at pretest) was correlated with the students' satisfaction with supervision (as measured by the SSF-MTS at pretest).

TABLE 15

Pearson Correlation Results for Question #9: Supervisor Evaluation of Music Therapy Student Overall Skills (v12s) with Student Satisfaction (v17s)

2-tailed test of significance

Variable	Cases	Mean	S.D.
v12s	38	7.9521	.9663
v17s	43	6.5397	1.3039

Pearson Correlation

	v17s	
v12s	.2662	(Coefficient)
	(38)	(Cases)
P =	.106	(Significance)

A Pearson Correlation Coefficient was computed for all students except those in group supervision (N = 42). Variables correlated were v6s (MTSEF-MTS overall skills pretest) and v17s (SSF-MTS overall satisfaction pretest). Table 16 indicates the complete findings of this analysis.

Students' self-evaluation of their clinical skills was not significantly correlated with their satisfaction with supervision at pretest. The coefficient of correlation (R = .2085) was significant only at the .185 level.

Question #11. Question #11 asked whether music therapy student overall skill level as reported by the supervisor (v6s, MTSEF-SUP at pretest) was correlated with the students' overall clinical skill level as self-evaluated (v12s, MTSEF-MTS at pretest).

A Pearson Correlation Coefficient was calculated with the use of the scores of all students not in group supervision (N = 37). Table 17 indicates the complete findings of this analysis.

Students' self-evaluation of clinical skills did not come close to a significant correlation with supervisors' evaluations of students' clinical skills. The coefficient of correlation (R = .0632) was significant at only the .714 level.

Descriptive Statistics for Data Collection Instruments

The Supervisor Experience Index (SEI). The SEI provided data which separated clearly the supervisors into high

TABLE 16

Pearson Correlation Results for Question #10
Self-evaluation of Music Therapy Student Overall Skills (v6s) with Student Satisfaction (v17s)

Variable	Cases	Mean	S. D.
v6s	42	7.5368	.9225
v17s	43	6.5397	1.3039

Pearson Correlation

	v17s	
v6s	.2085	(Coefficient)
	(42)	(Cases)
P =	.185	(Significance)

TABLE 17

Pearson Correlation Results for Question #11
Music Therapy Student Self-evaluation of Overall Skills (v6s) with Supervisor Evaluation of Student Overall Skills (v12s)

2-tailed test of significance

Variable	Cases	Mean	S.D.
v6s	42	7.5368	.9225
v12s	38	7.9521	.9663

Pearson Correlation

	v12s	
v6s	.0632	(Coefficient)
	(37)	(Cases)
P =	.714	(Significance)

experience and low experience groups. Of the original eight supervisors, only six participated in the experiment to its completion, but these six were also clearly divisible into two groups. Table 18 indicates complete raw data of the SEI by item for the three groups of supervisors (the high experience group, the two supervisors for whom only pretest data were available, and the low experience group).

The raw data from Table 18 were used to assign an experience level score according to the scoring system in Appendix G. The scoring system assured that all categories of experience had equal weight in calculation of the overall experience score. Several observations may be made from the raw data.

1. Male and female supervisors were present in both high and low experience level groups (two male, one female in the high experience group, and one male, two female in the low experience level group).

2. Low experience level supervisors reported no years of full-time employment as registered music therapists, no years of college teaching, and no interns supervised. All high experience level supervisors reported experience in all categories.

3. The mean experience level score of the high group was 28 (out of 30 possible); the mean experience level score of the low group was 8. The ranges of the scores in the high and low groups were almost the same: 7 and 8 respectively.

TABLE 18

SEI Item Scores for Three Groups of Supervisors

	Supervisor Number	Overall SEI Score v16	Full-time RMT Employment v10	Part-time Employment v11	Graduate Study v12	College Teaching v13	Practicum Students Supervised v14	Interns Supervised v16	SUP Gender v5
High	5	30	5	26	3	27	112	16	2
	2	28	9	6	2	6	65	10	2
	1	23	2	7	5	4	25	1	1
Other Group	7	14	6	1	2	0	14	4	1
	8	12	3	0	7	0	12	0	1
Low	6	12	0	3	3	0	30	0	2
	3	8	0	3	1	0	8	0	1
	4	4	0	0	2	0	2	0	1

The minimum and maximum reported scores were: high group, 23 - 30; low group, 4 - 12.

The Supervision Satisfaction Form (SSF). Both the SSF and the MTSEF were analyzed by item in order to gain additional understanding of the evaluation tools and results. Various descriptive statistics were assessed to gain data with which to make recommendations and to shed light on the subscales and individual items.

An SPSS Frequencies program for categorical variables was run for the 28 items of the SSF and for the 53 items of the MTSEF to assess the means, medians, modes, standard deviations, ranges, minimum and maximum reported scores, and the number of respondents who answered or omitted each item. Each item was measured on a scale from one to ten, with an option of Not applicable/Not observed provided. (The SSF contained 28 items and was given to students and supervisors at pretest and posttest. Thus there were 112 variables generated (28 x 4).) Table 19 indicates the complete findings of the analysis of the SSF, grouped by item with pretest and postest scores of students and supervisors provided.

The SSF produced relatively homogeneous scores (contributing, along with the high pretest scores, to reduced likelihood of significant differences with treatment). The plateauing and the homogeneity of the scores may be illustrated by a discussion of the response patterns of students and supervisors (using the descriptive statistics mentioned above).

TABLE 19

SSF: Descriptive Statistics (by Item #)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
Supervisor-Teacher Skills											
MTS PRE	v123	1	6.295	6.375	5	1.665	8	2	10	44	19
SUP PRE	v151	1	5.833	6.038	6	1.681	7	2	9	42	21
MTS POST	v179	1	7.140	7.111	6	1.684	7	3	10	43	20
SUP POST	v207	1	6.977	7.111	8	1.389	5	4	9	43	20
MTS PRE	v124	2	6.000	5.962	6	1.687	8	2	10	46	17
SUP PRE	v152	2	4.738	4.346	4	1.875	7	2	9	42	21
MTS POST	v180	2	6.976	6.962	7	1.689	9	1	10	42	21
SUP POST	v208	2	6.564	6.583	8	1.483	6	3	9	39	24
MTS PRE	v125	3	5.414	5.625	4	2.693	9	1	10	29	34
SUP PRE	v153	3	4.171	3.600	2	2.121	8	2	10	35	28
MTS POST	v181	3	6.667	7.214	8	1.936	8	1	9	30	33
SUP POST	v209	3	4.525	4.100	3	2.100	8	1	9	40	23
MTS PRE	v126	4	6.217	6.714	7	1.908	9	1	10	46	17
SUP PRE	v154	4	5.786	5.974	6	1.690	7	2	9	42	21
MTS POST	v182	4	7.279	7.455	8	1.594	8	2	10	43	20
SUP POST	v210	4	7.071	7.227	8	1.351	5	4	9	42	21
MTS PRE	v127	5	6.409	6.375	8	1.821	7	3	10	44	19
SUP PRE	v155	5	5.902	5.972	6	1.357	6	3	9	41	22
MTS POST	v183	5	6.953	7.250	8	1.975	9	1	10	43	20
SUP POST	v211	5	7.395	7.450	9	1.400	5	4	9	43	20
MTS PRE	v128	6	6.372	6.688	6	2.116	8	2	10	43	20
SUP PRE	v156	6	6.333	6.500	6	1.762	8	2	10	42	21
MTS POST	v184	6	7.488	7.464	7	1.609	6	4	10	43	20
SUP POST	v212	6	7.512	7.542	7	1.142	4	5	9	43	20

Table 19 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v129	7	7.022	7.423	8	1.693	8	2	10	46	17
SUP PRE	v157	7	6.714	6.500	6	1.312	5	4	9	42	21
MTS POST	v185	7	7.837	7.933	8	1.617	9	1	10	43	20
SUP POST	v213	7	7.146	7.067	7	1.195	5	4	9	41	22
MTS PRE	v130	8	6.422	7.000	8	1.983	8	2	10	45	18
SUP PRE	v158	8	4.610	4.850	5	2.212	8	1	9	41	22
MTS POST	v186	8	6.762	6.833	8	1.948	7	3	10	42	21
SUP POST	v214	8	5.909	6.100	6	1.802	8	1	9	44	19
MTS PRE	v131	9	6.273	6.600	7	2.117	9	1	10	44	19
SUP PRE	v159	9	4.833	4.962	5	2.294	9	1	10	42	21
MTS POST	v187	9	7.200	7.591	8	2.041	9	1	10	40	23
SUP POST	v215	9	5.568	5.667	6	1.771	7	2	9	44	19
MTS PRE	v132	10	6.975	7.278	8	1.776	7	3	10	40	23
SUP PRE	v160	10	6.952	6.889	7	.936	4	5	9	42	21
MTS POST	v188	10	7.585	7.769	8	1.516	6	4	10	41	22
SUP POST	v216	10	7.682	7.773	9	1.177	4	5	9	44	19
Supervisor-Counselor Skills											
MTS PRE	v133	11	6.326	6.667	7	2.171	8	2	10	46	17
SUP PRE	v161	11	6.167	6.227	6	1.652	7	3	10	42	21
MTS POST	v189	11	7.286	7.500	8	1.729	9	1	10	42	21
SUP POST	v217	11	7.410	7.769	8	1.482	6	4	10	39	24
MTS PRE	v134	12	6.457	6.900	7	2.419	9	1	10	46	17
SUP PRE	v162	12	6.950	6.500	7	1.894	8	2	10	40	23
MTS POST	v190	12	7.395	7.750	8	2.083	9	1	10	43	20
SUP POST	v218	12	7.568	7.833	9	1.500	6	3	9	44	19

Table 19 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v135	13	6.565	7.300	8	2.296	9	1	10	46	17
SUP PRE	v163	13	6.762	7.000	7	1.605	7	3	10	42	21
MTS POST	v191	13	7.698	8.042	8	1.726	7	3	10	43	20
SUP POST	v219	13	7.744	7.906	8	1.177	5	5	10	43	20
MTS PRE	v136	14	6.289	6.750	7	2.041	8	1	9	45	18
SUP PRE	v164	14	6.333	6.357	6	1.262	6	4	10	42	21
MTS POST	v192	14	7.093	7.393	7	1.887	9	1	10	43	20
SUP POST	v220	14	7.395	7.400	7	1.094	5	5	10	43	20
MTS PRE	v137	15	7.000	7.500	8	2.191	8	2	10	46	17
SUP PRE	v165	15	7.190	7.167	8	1.348	6	4	10	42	21
MTS POST	v193	15	8.070	8.231	8	1.844	8	2	10	43	20
SUP POST	v221	15	7.841	7.935	8	.888	4	5	9	44	19
Supervisor-Consultant Skills											
MTS PRE	v138	16	6.630	6.773	6	1.730	8	1	9	46	17
SUP PRE	v166	16	5.762	5.909	6	1.428	7	3	10	42	21
MTS POST	v194	16	7.419	7.545	7	1.651	8	2	10	43	20
SUP POST	v222	16	6.860	7.063	8	1.355	5	4	9	43	20
MTS PRE	v139	17	6.217	6.571	7	2.043	9	1	10	46	17
SUP PRE	v167	17	5.762	6.071	7	1.961	8	2	10	42	21
MTS POST	v195	17	7.256	7.450	8	1.677	7	3	10	43	20
SUP POST	v223	17	7.500	7.357	7	1.486	5	5	10	44	19
MTS PRE	v140	18	6.412	6.500	5	2.061	8	2	10	34	29
SUP PRE	v168	18	5.029	4.833	4	1.946	8	2	10	34	29
MTS POST	v196	18	7.176	7.654	8	1.850	8	2	10	34	29
SUP POST	v224	18	6.000	5.667	5	1.732	6	3	9	33	30

Table 19 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v141	19	6.565	6.900	8	1.962	9	1	10	46	17
SUP PRE	v169	19	6.619	6.667	7	1.431	6	4	10	42	21
MTS POST	v197	19	7.450	7.800	8	1.986	9	1	10	40	23
SUP POST	v225	19	7.636	7.750	9	1.348	5	4	9	44	19
MTS PRE	v142	20	6.600	6.650	7	2.027	8	2	10	45	18
SUP PRE	v170	20	5.439	5.444	7	1.950	8	2	10	41	22
MTS POST	v198	20	7.651	7.708	7	1.602	8	2	10	43	20
SUP POST	v226	20	6.780	6.550	6	1.151	4	5	9	41	22
MTS PRE	v143	21	6.565	6.731	7	1.587	8	2	10	46	17
SUP PRE	v171	21	6.195	6.375	7	1.418	8	2	10	41	22
MTS POST	v199	21	7.250	7.500	7	2.035	9	1	10	40	23
SUP POST	v227	21	7.439	7.438	9	1.433	4	5	9	41	22
MTS PRE	v144	22	6.788	7.000	8	1.728	7	3	10	33	30
SUP PRE	v172	22	7.026	7.038	7	1.197	6	4	10	38	25
MTS POST	v200	22	7.857	8.000	8	1.768	9	1	10	35	28
SUP POST	v228	22	7.050	7.333	8	1.709	6	4	10	40	23
MTS PRE	v145	23	6.659	7.056	8	1.976	8	2	10	44	19
SUP PRE	v173	23	6.571	6.667	6	1.640	8	2	10	42	21
MTS POST	v201	23	7.690	8.029	8	1.893	7	3	10	42	21
SUP POST	v229	23	7.523	7.500	7	1.248	6	4	10	44	19
Overall Competence											
MTS PRE	v146	24	6.556	6.688	6	1.778	7	2	9	45	18
SUP PRE	v174	24	6.048	5.950	6	1.229	5	4	9	42	21
MTS POST	v202	24	7.651	7.821	8	1.587	7	3	10	43	20
SUP POST	v230	24	7.341	7.500	8	1.346	6	3	9	44	19

Table 19 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v147	25	7.044	7.450	8	2.033	8	2	10	45	18
SUP PRE	v175	25	6.357	6.563	7	1.722	9	1	10	42	21
MTS POST	v203	25	7.721	7.933	8	1.856	9	1	10	43	20
SUP POST	v231	25	7.227	7.500	8	1.710	8	2	10	44	19
MTS PRE	v148	26	6.750	6.885	7	1.400	6	4	10	44	19
SUP PRE	v176	26	6.381	6.206	6	1.413	5	4	9	42	21
MTS POST	v204	26	7.405	7.722	8	2.073	9	1	10	42	21
SUP POST	v232	26	7.103	6.875	6	1.429	6	4	10	39	24
MTS PRE	v149	27	6.889	7.333	8	1.837	8	2	10	45	18
SUP PRE	v177	27	6.357	6.286	6	1.394	6	3	9	42	21
MTS POST	v205	27	7.814	8.042	8	1.736	8	2	10	43	20
SUP POST	v233	27	6.886	7.056	8	1.513	6	4	10	44	19
MTS PRE	v150	28	7.067	7.438	8	1.671	7	3	10	45	18
SUP PRE	v178	28	6.238	6.147	6	1.284	5	4	9	42	21
MTS POST	v206	28	7.814	8.042	8	1.708	8	2	10	43	20
SUP POST	v234	28	7.045	7.318	8	1.200	5	4	9	44	19

The means of students' and supervisors' responses were consistently high for SSF items. For students' responses at pretest, the lowest mean was 5.414 (item #3, referring to research) and the highest mean was 7.067 (#28, helpfulness). For students' responses at posttest, the lowest mean was 6.667 (#3, referring to research) and the highest mean was 8.070 (#15, communicating respect).

For supervisors' responses at pretest, the lowest mean was 4.171 (#3, referring to research) and the highest mean was 7.190 (#15, communicating respect). For supervisors' responses at posttest, the lowest mean was 4.525 (#3, referring to research) and the highest mean was 7.841 (#15, communicating respect).

Thus students and supervisors shared common items three out of four times for means, and the means were in the middle of the 10-point scale.

The lowest reported mean at pretest was 4.171 (#3, SUP, referring to research). The highest reported mean at pretest was 7.190 (#15, SUP, communicating respect). The lowest reported mean at posttest was 4.525 (#3, SUP, referring to research). The highest reported mean at posttest was 8.070 (#15, MTS, communicating respect).

There were only three SSF items for which the means and medians of students and supervisors were more than 1.0 different at pretest and posttest. In all three items, the students were more satisfied than the supervisors. Those

items were #3 (referring to research), #9 (making corrections), and #18 (giving feedback).

There were three items on which the means and medians of students and supervisors differed by more than 1.0 at pretest only. In those three items, students were more satisfied than supervisors. Those items were #2 (demonstrating and instructing), #8 (monitoring compliance), and #20 (using problem-solving). There were no posttest items where the means and medians of students and supervisors differed by more than 1.0.

No SSF items had a mode of 10, which was the highest possible score, but there were five items which had a mode of nine. All five items were supervisors' responses at posttest: #5 (structuring), #10 (evaluating), #12 (non-evaluating), #19 (responding), and #21 (flexible content). There were only three SSF items where the modes of students and supervisors differed by more than two points. Students were again more satisfied than supervisors for all three items. The items were #3 (referring to research, posttest), #8 (monitoring compliance, pretest), and #18 (giving feedback, posttest).

The students' scores resulted in wider ranges than the supervisors'. There were seven items for which students' ranges were four or five points greater than supervisors' ranges (on a 10-point scale): #5 (structuring, MTS range = 9, SUP range = 5); #7 (professional vocabulary, 9 and 5); #14 (questioning, 9 and 5); #15 (communicating respect, 8 and 4);

#19 (responding, 9 and 5); #20 (problem-solving, 8 and 4); and #21 (flexible content, 9 and 4). All seven items were at posttest; the largest range was five.

The minimum reported scores were similar for students and supervisors for SSF items. In the 12 cases where there were two or more points difference in reported minimum scores, supervisors' scores were higher. There were two items where both pretest and posttest items revealed more than two points difference in reported minimum scores: #14 (questioning, 4 and 1 for SUP and MTS respectively at pretest and 5 and 1 at posttest) and #19 (responding, 4 and 1 for SUP and MTS at pretest and posttest). The ten posttest items were #5 (structuring, 4 and 1); #7 (professional vocabulary, 4 and 1); #11 (experiential content, 4 and 1); #15 (communicating respect, 5 and 2); #20 (problem-solving, 5 and 2); #21 (flexible content, 5 and 1); #22 (administrative problems, 4 and 1); and #26 (using time, 4 and 1).

All variables had a maximum reported score of either nine or ten (out of a possible ten points). The highest reported minimum score was five, which in all the nine cases were supervisors' scores. The one pretest item was #10 (evaluating), and the eight posttest items were #6 (feedback), #10 (evaluating); #13 (facilitative communication), #14 (questioning), #15 (communicating respect), #17 (collegial relationship), #20 (problem-solving), and #21 (flexible content). There were 27 items with a minimum score of one reported.

Standard deviations for SSF items were fairly consistent for students and supervisors at pretest and posttest. Two items had standard deviations of less than 1.0: #10 (evaluating, SUP, pretest) and #15 (communicating respect, SUP, posttest). The SSF items with the largest standard deviations were both for students' pretest scores: #3 (referring to research, 2.693) and #12 (non-evaluating, 2.419).

There were three items for which 30 or more respondents marked not applicable/not observed or marked no answer: #3 (referring to research, MTS, pretest, 34 "missing cases"); #18 (feedback, SUP, posttest, 30 "missing cases"); and #22 (administrative problems, MTS, pretest, 30 "missing cases"). There were 18 items which were almost always rated on the ten-point scale by respondents (i.e., items which yielded the highest number of "valid cases"). All those items were students' pretest responses (v124, v126, v129, v130, v133 - v139, v141 - v143, v146, v147, v149, and v150), and they were evenly distributed across the teacher, counselor, consultant, and overall competence subscales.

The Music Therapy Student Evaluation Form (MTSEF). An SPSS Frequencies program for categorical variables was run for the 53 items of the MTSEF, and the mean, median, mode, standard deviation, range, minimum score, maximum score, and number of responses (i.e., number of valid and missing cases) for each of the items were determined. Table 20 indicates the complete findings of that analysis, grouped by item with

TABLE 20

MTSEF Descriptive Statistics (by Item #)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
Session Management Skills											
MTS PRE	v17	1	8.711	8.923	10	1.308	6	4	10	45	18
SUP PRE	v70	1	8.415	8.238	8	1.322	7	3	10	41	22
MTS POST	v235	1	8.000	8.100	8	1.249	5	5	10	42	21
SUP POST	v288	1	9.068	9.367	10	1.108	3	7	10	44	19
MTS PRE	v18	2	8.304	8.269	8	1.348	5	5	10	46	17
SUP PRE	v71	2	8.390	8.333	8	1.243	6	4	10	41	22
MTS POST	v236	2	7.857	7.938	8	1.117	5	5	10	42	21
SUP POST	v289	2	8.364	8.563	9	1.278	6	4	10	44	19
MTS PRE	v19	3	7.511	7.467	7	1.392	6	4	10	45	18
SUP PRE	v72	3	7.846	7.727	7	1.226	6	4	10	39	24
MTS POST	v237	3	7.333	7.605	8	1.097	5	4	9	42	21
SUP POST	v209	3	8.227	8.556	9	1.255	5	5	10	44	19
MTS PRE	v20	4	7.023	7.192	7	1.592	7	3	10	44	19
SUP PRE	v73	4	7.463	7.625	8	1.629	7	3	10	41	22
MTS POST	v238	4	7.262	7.400	8	1.127	5	4	9	42	21
SUP POST	v291	4	8.250	8.563	9	1.314	5	5	10	44	19
MTS PRE	v21	5	7.311	7.375	7	1.459	6	4	10	45	18
SUP PRE	v74	5	7.293	7.250	6	1.553	6	4	10	41	22
MTS POST	v239	5	7.024	7.083	8	1.047	4	5	9	42	21
SUP POST	v292	5	7.909	8.250	9	1.597	6	4	10	44	21

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v22	6	6.500	6.900	7	1.863	8	2	10	34	29
SUP PRE	v75	6	6.188	6.056	6	1.857	7	3	10	32	31
MTS POST	v240	6	6.800	7.417	8	1.511	5	4	9	35	28
SUP POST	v293	6	7.350	7.500	8	1.762	6	4	10	40	23
MTS PRE	v23	7	6.684	7.125	8	1.678	7	2	9	38	25
SUP PRE	v76	7	6.775	6.773	7	1.941	7	3	10	40	23
MTS POST	v241	7	6.925	7.167	8	1.439	5	4	9	40	23
SUP POST	v294	7	7.455	7.500	8	1.486	6	4	10	44	19
MTS PRE	v24	8	7.261	7.237	7	1.290	6	4	10	46	17
SUP PRE	v77	8	8.049	8.050	7	1.413	5	5	10	41	22
MTS POST	v242	8	7.390	7.458	8	1.046	4	5	9	41	22
SUP POST	v295	8	8.318	8.269	8	1.116	4	6	10	44	19
MTS PRE	v25	9	7.465	7.464	7	1.369	6	4	10	43	20
SUP PRE	v78	9	7.732	7.818	8	1.689	6	4	10	41	22
MTS POST	v243	9	7.561	7.706	8	1.074	5	4	9	41	22
SUP POST	v296	9	8.227	8.389	9	1.118	4	6	10	44	19
MTS PRE	v26	10	7.044	7.000	6	1.522	6	4	10	45	18
SUP PRE	v79	10	7.425	7.400	7	1.678	6	4	10	40	23
MTS POST	v244	10	7.175	7.417	8	1.196	5	4	9	40	23
SUP POST	v297	10	7.636	7.350	7	1.296	6	4	10	44	19

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v27	11	8.130	8.300	8	1.500	6	4	10	46	17
SUP PRE	v80	11	7.341	7.143	6	1.575	5	5	10	41	22
MTS POST	v245	11	7.810	8.000	8	1.110	4	5	9	42	21
SUP POST	v298	11	8.068	7.929	7	1.189	4	6	10	44	19
MTS PRE	v28	12	6.172	6.083	8	1.947	8	2	10	29	34
SUP PRE	v81	12	6.833	6.500	6	1.834	9	1	10	24	39
MTS POST	v246	12	6.739	6.750	6	1.251	5	4	9	23	40
SUP POST	v299	12	7.690	7.846	8	1.072	4	5	9	29	34
MTS PRE	v29	13	6.947	7.571	8	1.770	6	4	10	38	25
SUP PRE	v82	13	7.250	7.056	7	1.524	5	5	10	32	31
MTS POST	v247	13	6.719	6.864	7	1.224	5	4	9	32	31
SUP POST	v300	13	7.649	7.875	8	1.495	7	3	10	37	26
MTS PRE	v30	14	7.244	7.594	8	1.433	5	4	9	45	18
SUP PRE	v83	15	7.316	7.250	7	1.772	6	4	10	38	25
MTS POST	v248	14	7.214	7.233	7	1.159	4	5	9	42	21
SUP POST	v301	14	7.886	7.682	7	1.262	4	6	10	44	19
MTS PRE	v31	15	6.857	7.400	8	1.905	7	2	9	21	42
SUP PRE	v84	15	7.118	6.750	6	1.933	6	4	10	17	46
MTS POST	v249	15	7.227	7.500	8	1.232	4	5	9	22	41
SUP POST	v302	15	7.194	7.000	7	1.759	6	4	10	31	32

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v32	16	6.933	7.125	7	1.668	5	4	9	15	48
SUP PRE	v85	16	6.667	7.625	8	2.693	9	1	10	9	54
MTS POST	v250	16	7.250	7.577	8	1.266	6	3	9	28	35
SUP POST	v303	16	8.250	8.214	7	1.266	4	6	10	28	35
Personal Skills											
MTS PRE	v33	17	7.239	7.367	7	1.493	6	4	10	46	17
SUP PRE	v86	17	7.114	7.063	6	1.491	6	4	10	35	28
MTS POST	v251	17	7.184	7.265	7	1.136	5	4	9	38	25
SUP POST	v304	17	7.279	7.176	7	1.420	5	5	10	43	20
MTS PRE	v34	18	7.717	8.026	8	1.425	6	4	10	46	17
SUP PRE	v87	18	7.829	7.938	10	1.815	7	3	10	41	22
MTS POST	v252	18	7.487	7.600	8	1.189	6	4	10	39	24
SUP POST	v305	18	8.227	8.676	9	1.538	5	5	10	44	19
MTS PRE	v35	19	8.304	8.438	8	1.297	6	4	10	46	17
SUP PRE	v88	19	8.098	8.036	8	1.357	5	5	10	41	22
MTS POST	v253	19	7.974	8.025	8	.986	6	4	10	39	24
SUP POST	v306	19	8.205	8.375	7	1.456	5	5	10	44	19
MTS PRE	v36	20	8.522	8.618	9	1.130	6	4	10	46	17
SUP PRE	v89	20	8.488	8.292	10	1.267	4	6	10	41	22
MTS POST	v254	20	7.821	7.844	8	1.167	6	4	10	39	24
SUP POST	v307	20	8.295	8.567	9	1.304	5	5	10	44	19

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v37	21	7.600	8.000	8	1.692	8	2	10	40	23
SUP PRE	v90	21	7.133	7.214	8	1.479	6	4	10	30	33
MTS POST	v255	21	7.606	7.750	8	1.088	5	4	9	33	30
SUP POST	v308	21	8.023	8.167	7	1.338	5	5	10	44	19
MTS PRE	v38	22	7.891	8.269	9	1.567	7	3	10	46	17
SUP PRE	v91	22	7.537	7.800	8	1.551	6	4	10	41	22
MTS POST	v256	22	7.564	7.825	8	1.165	5	4	9	39	24
SUP POST	v309	22	8.273	8.333	9	1.107	4	6	10	44	19
MTS PRE	v39	23	7.913	8.269	9	1.689	7	3	10	46	17
SUP PRE	v92	23	8.073	8.222	10	1.808	6	4	10	41	22
MTS POST	v257	23	7.821	7.977	8	1.023	5	4	9	39	24
SUP POST	v310	23	8.136	8.318	9	1.407	6	4	10	44	19
MTS PRE	v40	24	6.804	7.000	8	1.746	7	3	10	46	17
SUP PRE	v93	24	7.585	7.750	8	1.673	6	4	10	41	22
MTS POST	v258	24	6.949	6.964	7	1.213	5	4	9	39	24
SUP POST	v311	24	8.023	8.136	9	1.372	5	5	10	44	19
MTS PRE	v41	25	7.733	7.750	7	1.176	6	4	10	45	18
SUP PRE	v94	25	8.390	8.450	10	1.595	6	4	10	41	22
MTS POST	v259	25	7.718	7.789	8	.826	3	6	9	39	24
SUP POST	v312	25	8.773	8.974	9	1.075	3	7	10	44	19

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
Conceptualization Skills											
MTS PRE	v42	26	7.317	7.692	8	1.635	7	3	10	41	22
SUP PRE	v95	26	7.872	7.958	8	1.418	5	5	10	39	24
MTS POST	v260	26	7.361	7.633	8	1.334	7	2	9	36	27
SUP POST	v313	26	8.095	8.269	9	1.246	5	5	10	42	21
MTS PRE	v43	27	6.950	7.100	7	1.568	7	3	10	40	23
SUP PRE	v96	27	7.756	7.824	8	1.220	5	5	10	41	22
MTS POST	v261	27	7.056	7.357	8	1.548	8	1	9	36	27
SUP POST	v314	27	8.238	8.300	8	1.144	5	5	10	42	21
MTS PRE	v44	28	7.044	7.444	8	1.833	8	2	10	45	18
SUP PRE	v97	28	7.463	7.375	7	1.704	6	4	10	41	22
MTS POST	v262	28	7.105	7.206	7	1.429	8	1	9	38	25
SUP POST	v315	28	8.227	8.409	9	1.236	5	5	10	44	19
MTS PRE	v45	29	5.974	6.063	6	2.218	9	1	10	39	24
SUP PRE	v98	29	7.242	7.563	8	1.953	6	4	10	33	30
MTS POST	v263	29	7.029	7.250	8	1.505	8	1	9	35	28
SUP POST	v316	29	8.262	8.300	8	1.170	5	5	10	42	21
MTS PRE	v46	30	7.435	7.722	8	1.361	6	4	10	46	17
SUP PRE	v99	30	7.900	8.000	8	1.411	5	5	10	40	23
MTS POST	v264	30	7.553	7.611	8	.860	4	6	10	38	25
SUP POST	v317	30	8.250	8.286	8	1.314	5	5	10	44	19

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v47	31	7.457	7.833	8	1.747	7	3	10	46	17
SUP PRE	v100	31	7.829	7.950	8	1.611	6	4	10	41	22
MTS POST	v265	31	7.718	7.841	8	.826	3	6	9	39	24
SUP POST	v318	31	8.545	8.711	9	1.044	4	6	10	44	19
MTS PRE	v48	32	7.609	7.676	8	1.220	7	3	10	46	17
SUP PRE	v101	32	7.537	7.550	8	1.629	6	4	10	41	22
MTS POST	v266	32	7.590	7.725	8	.850	3	6	9	39	24
SUP POST	v319	32	8.409	8.611	9	1.085	4	6	10	44	19
MTS PRE	v49	33	7.022	7.389	8	1.891	7	3	10	46	17
SUP PRE	v102	33	7.366	7.769	8	2.177	9	1	10	41	22
MTS POST	v267	33	7.605	7.818	8	1.079	6	3	9	38	25
SUP POST	v320	33	8.432	8.429	8	1.065	4	6	10	44	19
Musicianship Skills											
MTS PRE	v50	34	6.964	7.643	8	2.457	7	3	10	28	35
SUP PRE	v103	34	7.276	7.500	8	1.364	6	4	10	18	45
MTS POST	v268	34	6.794	7.125	8	1.409	5	4	9	34	29
SUP POST	v321	34	7.097	7.542	8	1.599	6	4	10	31	32
MTS PRE	v51	35	7.634	7.882	8	1.545	6	4	10	41	22
SUP PRE	v104	35	7.757	7.857	7	1.588	6	4	10	37	26
MTS POST	v269	35	7.421	7.738	8	1.106	4	5	9	38	25
SUP POST	v322	35	7.825	7.885	8	1.338	6	4	10	40	23

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v52	36	7.531	7.800	8	1.626	6	4	10	32	31
SUP PRE	v105	36	6.800	7.000	8	1.958	9	1	10	25	38
MTS POST	v270	36	7.441	7.688	8	1.133	4	5	9	34	29
SUP POST	v323	36	7.767	7.917	8	1.406	5	5	10	30	33
MTS PRE	v53	37	6.935	7.542	8	1.548	5	4	9	31	32
SUP PRE	v106	37	7.087	7.417	8	1.703	8	1	9	23	40
MTS POST	v271	37	6.963	7.429	8	1.629	7	2	9	27	36
SUP POST	v324	37	7.969	7.900	8	.967	4	6	10	32	31
MTS PRE	v54	38	7.333	7.792	8	1.468	5	4	9	27	36
SUP PRE	v107	38	6.850	7.056	7	1.785	8	1	9	20	43
MTS POST	v272	38	7.281	7.563	8	1.250	7	2	9	32	31
SUP POST	v325	38	7.846	8.038	8	1.084	4	5	9	26	37
MTS PRE	v55	39	7.714	8.313	9	2.052	8	2	10	35	28
SUP PRE	v108	39	7.964	8.167	9	1.644	6	4	10	28	35
MTS POST	v273	39	7.711	7.912	8	1.450	6	4	10	38	25
SUP POST	v326	39	8.457	8.600	9	1.039	4	6	10	35	28
MTS PRE	v56	40	7.135	8.125	9	2.440	9	1	10	37	26
SUP PRE	v109	40	7.933	7.833	7	1.202	4	6	10	30	33
MTS POST	v274	40	7.469	7.786	8	1.295	5	4	9	32	31
SUP POST	v327	40	8.314	8.294	8	.932	4	6	10	35	28

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v57	41	7.414	7.778	8	1.763	6	4	10	29	34
SUP PRE	v110	41	6.960	7.000	7	1.859	6	4	10	25	38
MTS POST	v275	41	7.094	7.676	8	1.692	8	2	10	32	31
SUP POST	v328	41	7.875	7.955	8	1.100	5	5	10	32	31
MTS PRE	v58	42	6.926	7.143	7	1.685	6	3	9	27	36
SUP PRE	v111	42	7.333	7.500	6	1.680	5	5	10	18	45
MTS POST	v276	42	6.704	7.111	7	1.706	7	2	9	27	36
SUP POST	v329	42	7.720	7.583	7	1.308	4	6	10	25	38
MTS PRE	v59	43	6.714	6.833	6	1.729	6	3	9	14	49
SUP PRE	v112	43	6.933	7.250	6	2.251	9	1	10	15	48
MTS POST	v277	43	6.857	7.625	8	1.711	6	2	8	21	42
SUP POST	v330	43	8.125	8.000	8	1.204	4	6	10	16	47
Clinic Procedures											
MTS PRE	v60	44	7.295	7.700	9	2.216	7	3	10	44	19
SUP PRE	v113	44	8.325	8.955	10	2.093	9	1	10	40	23
MTS POST	v278	44	7.762	8.038	8	1.543	6	4	10	42	21
SUP POST	v331	44	8.636	8.885	9	1.163	6	4	10	44	19
MTS PRE	v61	45	8.174	8.214	8	1.305	5	5	10	46	17
SUP PRE	v114	45	8.949	9.125	10	1.050	3	7	10	39	24
MTS POST	v279	45	7.952	8.147	8	1.188	5	5	10	42	21
SUP POST	v332	45	9.023	9.079	9	.849	3	7	10	44	19

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v62	46	7.848	8.033	8	1.591	6	4	10	46	17
SUP PRE	v115	46	8.650	8.967	9	1.424	6	4	10	40	23
MTS POST	v280	46	7.429	7.577	7	1.309	5	4	9	42	21
SUP POST	v333	46	8.727	8.853	9	1.042	4	6	10	44	19
MTS PRE	v63	47	7.756	7.909	8	1.734	6	4	10	45	18
SUP PRE	v116	47	8.526	8.667	10	1.538	6	4	10	38	25
MTS POST	v281	47	7.905	8.147	8	1.358	6	4	10	42	21
SUP POST	v334	47	8.795	8.885	9	.765	3	7	10	44	19
MTS PRE	v64	48	7.452	7.864	8	1.941	7	3	10	42	21
SUP PRE	v117	48	8.647	9.167	10	1.649	6	4	10	34	29
MTS POST	v282	48	7.700	8.000	8	1.418	6	4	10	40	23
SUP POST	v335	48	8.864	8.944	9	.765	3	7	10	44	19
MTS PRE	v65	49	8.486	8.688	10	1.426	5	5	10	37	26
SUP PRE	v118	49	9.313	9.559	10	.859	3	7	10	32	31
MTS POST	v283	49	8.118	8.100	8	1.038	5	5	10	34	29
SUP POST	v336	49	9.000	9.036	9	.698	3	7	10	42	21
MTS PRE	v66	50	8.844	9.000	10	1.224	5	5	10	45	18
SUP PRE	v119	50	9.525	9.591	10	.554	2	8	10	40	23
MTS POST	v284	50	8.357	8.438	8	1.078	6	4	10	42	21
SUP POST	v337	50	9.364	9.543	10	.810	3	7	10	44	19

Table 20 (cont'd.)

Respondent Pretest or Posttest	Variable Number	Item Number	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum	Valid Cases	Missing Cases
MTS PRE	v67	51	7.829	8.107	8	1.773	6	4	10	41	22
SUP PRE	v120	51	8.973	9.526	10	1.384	5	5	10	37	26
MTS POST	v285	51	8.225	8.357	8	1.187	5	5	10	40	23
SUP POST	v338	51	8.575	8.938	9	1.647	9	1	10	40	23
MTS PRE	v68	52	8.707	8.850	10	1.250	5	5	10	41	22
SUP PRE	v121	52	8.143	9.625	10	2.852	9	1	10	14	49
MTS POST	v286	52	8.216	8.267	8	.947	4	6	10	37	26
SUP POST	v339	52	8.182	8.833	10	1.893	5	5	10	22	41
MTS PRE	v69	53	8.087	8.357	8	1.631	6	4	10	46	17
SUP PRE	v122	53	8.550	8.625	10	1.319	4	6	10	40	23
MTS POST	v287	53	8.214	8.423	9	.976	4	6	10	42	21
SUP POST	v340	53	8.558	8.719	9	1.098	4	6	10	43	20

pretest and posttest scores of students and supervisors provided.

The MTSEF produced relatively homogeneous scores. The lowest and highest means for student pretest responses to the MTSEF were for items #12 (timing out, 6.171) and #50 (room order, 8.844). For supervisor pretest responses, the lowest and highest means were for items #6 (assessing progress, 6.188) and #50 (room order, 9.525). The range of means for posttest scores was similarly narrow. For posttest student responses the lowest and highest means were for items #42 (improvisation, 6.704) and #50 (room order, 8.357). The lowest and highest means of supervisor responses were for items #15 (client homework, 7.194) and #45 (written format, 9.023).

There was one item in which both the mean and the median were more than one point different for student and supervisor responses at pretest and posttest, #29 (updating goals). The supervisors' ratings of this student skill were higher than the students' self-evaluation. Twelve items revealed more than one point difference in means and medians for students and supervisors at either the pretest or the posttest; supervisors' responses were again higher in all items. The pretest items for which the means and medians of the supervisors' evaluation of clinical skills was greater than the student's self-evaluations were items #44 (timely written work), #48 (charting), and #51 (1:1 supervision). The posttest items in this category were items #1 (timing), #4

(pacing), #24 (clear messages), #25 (professional behavior), #27 (objectives), #28 (assessment criteria), #46 (written work accuracy), and #50 (room order).

There was one item, #25 (professional behavior), for which the modes of the students' and supervisors' scores were more than two points different, with student mode lower (modes of 7 and 10 respectively for students and supervisors).

The highest possible score was 10, and 20 items yielded a mode of 10. Only four items were for students' responses; and those were all at pretest: items #1 (timing out), #49 (contacting others), #50 (room order), and #52 (group supervision). For supervisors' high-mode items, only three were at posttest: items #31 (timing), #50 (room order), and #52 (group supervision). The remaining 13 high-mode supervisors' responses were at pretest: items #18 (consistent interaction), #20 (communicating respect), #23 (genuineness), #25 (professional behavior), #44 (timely written work), #45 (written format), #47 (accurate records), #48 (charting), #49 (contacting others), #50 (room order), #51 (1:1 supervision), #52 (group supervision), and #53 (improvement). These high-mode items were primarily in the clinic procedures subscale skill area.

There were four MTSEF items for which the ranges of scores reported by students and supervisors differed by four or five points (no items differed in range by more than five points). The items were #16 (separation, student range = 5

and supervisor range = 9); #40 (movement and dance, 9 and 4); and #52 (group supervision, 5 and 9) at pretest. The post-test item was #51 (1:1 supervision, 5 and 9). Only item #40 (movement and dance) had a greater range for students than for supervisors.

The following data analyses will be described more briefly and by referencing variable numbers because of the large numbers of items within the categories. There were 10 variables with standard deviations greater than 2.2: v45, v50, v55, v56, v60, v85, v102, v112, v113, and v121. There were 16 variables with standard deviations less than 1.0: v118, v119, v253, v259, v264, v265, v266, v287, v286, v324, v327, v332, v334, v335, v336, and v337.

There were six items where the minimum score reported by students was at least three points greater than the minimum socre reported by supervisors: v32 - v85 (4 and 1 were the minimum scores reported for students and supervisors respectively); v52 - v105 (4 and 1); v53 - v106 (4 and 1); v54 - v107 (4 and 1); v68 - v121 (5 and 1); and v285 - v338 (5 and 1). On the other hand, there were seven items where the minimum score reported by supervisors was at least four points greater than the minimum score reported by students: v261 - v314 (1 and 5 minimums for students and supervisors respectively); v262 - v315 (1 and 5); v263 - v316 (1 and 5); v271 - v324 (2 and 6); v56 - v109 (1 and 6); v276 - v329 (2 and 6); and v277 - v330 (2 and 6).

There were nine MTSEF items for which 45 or more respondents marked not applicable/not observed or omitted an answer: v84 (46 "missing cases"); v32 (48); v85 (54); v103 (45); v111 (45); v59 (49); v112 (48); v330 (47); and v121 (49). There were 17 items for which the highest number of respondents marked ratings from one to ten (i.e., the lowest number of N/A or omitted responses): v18, v24, v27, v33, v34, v35, v36, v38, v39, v40, v46 - v49, v61, v62 and v69. No items yielded more than 46 "valid cases".

Other statistical analyses reported earlier referred to directions of the subscale skill areas, and the conclusions of those trends will be mentioned here. The means of students' responses decreased from pretest to posttest for all subscale skills except conceptualization. The standard deviations decreased from pretest to posttest for all subscale skills evaluated by students, indicating that the self-evaluations were more consistently clustered at a lower level.

On three subscales (session management, personal skills, and musicianship) students rated themselves higher than their supervisors rated them at the pretest. On the posttest, however, students rated themselves lower than their supervisors rated them on all five subscales. These conclusions and results are discussed more fully in Chapter 5.

V. SUMMARY OF RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

The present study of satisfaction with the use of supervisor skills in providing helpful supervision was conducted using music therapy students and supervisors engaged in clinical training activities. An experimental procedure was designed which was based on the Discrimination Model of Supervision for counselors of Bernard (1979). The procedure consisted of planning and evaluating supervision sessions with the use of the Supervision Planning Aid (SPA) and the Supervision Session Evaluation Form (SSEF).

Supervisory pairs, or dyads, were selected from MSU Music Therapy Clinic personnel who had on-going, established patterns of supervision. Twelve dyads were in the experimental group; twelve dyads were in the comparison group. A trait level co-variate was measured for students (clinical skill levels for overall subscales of the Music Therapy Student Evaluation Form) and for supervisors (high or low experience level as measured by the Supervisor Experience Index).

Statistical analyses included one-way analysis of variance for treatment effects and interactions, Pearson Correlation Coefficients for relationships among variables, and descriptive statistics to reveal response patterns and

phenomena related to the data collection instruments. The co-variate analyses were omitted because significant differences between groups were not detected without the use of the co-variates.

This study of supervision has accomplished several aims. 1. The experiment is the first in the field of music therapy clinical supervision which permits the natural complexity of the supervision experience to be maintained. The use of actual supervisory dyads was important in an exploratory study such as this because the experimental procedure being tested was specifically designed to allow for the individualized and flexible nature of effective supervision.

2. The study lays the groundwork for future, more atomistic studies of music therapy clinical supervision through its comprehensive review of theoretical and empirical studies in the literature of related helping professions. The model of music therapy clinical supervision which was offered as a part of this study may serve to generate other research methodologies and designs. The literature review served to integrate and synthesize studies in supervision for the use of music therapists.

3. Several procedures in clinical supervision were used in this study which may be useful in the training and support of music therapy students and supervisors. The SPA, SSEF, MTSEF, and SSF are useful tools with which to clarify goals of clinical training, assess the quality of performance of students and supervisors, and teach

supervision issues in workshops and courses. The written materials of this study are applicable to the widely varying philosophies, client needs, and treatment settings in music therapy.

4. The sample size was considerably smaller than expected due to the loss of two supervisors and 10 supervisory pairs during the experiment. The results have therefore been interpreted cautiously. However, the specific findings of the study contribute to an increased understanding of the factors of satisfaction, subscale skill areas, student skills, and supervisor experience level. Those findings will be summarized briefly.

Hypothesis #1 and Hypothesis #2. Neither students nor supervisors reported statistically significant differences in satisfaction with supervision as a result of the experimental treatment. It is possible that the following factors, operating either singly or in combination, contributed to the lack of significant differences between groups: (a) treatment procedure, (b) data collection instruments, (c) student maturation, and (d) timing.

The treatment procedure (planning and evaluating supervision sessions) may have been too weak. Supervisors were not given guidelines for the amount of time to spend planning, and it is possible that the SPA format allowed a superficial or perfunctory planning effort. Also, supervisors were not able to see the results of the students' evaluations of supervision sessions; if immediate feedback

from those evaluations had been accessible, supervisors might have altered future planning decisions. It is possible that the planning and evaluation procedure did not have a direct effect on the actual behaviors of supervisors or students during supervision. Behavioral observation studies would yield interesting data on this possibility.

It is possible that supervisors did not receive thorough enough training in the use of the SPA and SSEF procedures. Additional opportunity to practice using the procedures may have been helpful.

The Supervision Satisfaction Form may not have been sufficiently sensitive to assess differences in satisfaction. The lower end of the 10-point scale was not used nearly as often as the upper end. The means of the experimental group students and the comparison group students were almost the same (7.0010 and 7.2012). The findings may have been affected by a particularly dissatisfied experimental group student; the minimum reported scores of students in the experimental and comparison groups were 2.8889 and 5.1786 respectively.

The data revealed that the means of students were similar but the standard deviation of the experimental groups was considerably larger (2.0810 and 1.6333). That amount of scattering of scores in the experimental group took its toll in the available Sample size.

Supervisor satisfaction results were also quite similar for both treatment and comparison conditions for means and minimum and maximum reported scores. The data showed that

the mean of the experimental group supervisors was slightly lower than the mean of the comparison group (6.8982 and 7.0459) and that the standard deviation was higher for the experimental group (.6924 and .5358).

The experimental treatment addressed responses within the affective domain (attitudes and satisfaction). Such affective dimensions are known to change more slowly than behaviors in the cognitive or psychomotor domains, and it is possible that satisfaction with supervision and the supervisory relationship may best be studied in a longitudinal manner.

It is also possible that students at the beginning point of professional life cannot yet discriminate the supervisors' use of the various supervisory skills sufficiently to make a difference on the SSF. Students may have been sufficiently satisfied with supervision at the beginning of the experiment, precluding room for large improvement in satisfaction. Or, perhaps students in the experimental group who were routinely shown the SPA and routinely completed the SSEF reported comparatively less satisfaction than they would have otherwise reported because of raised expectations or standards.

The duration of the experimental treatment may have been too brief to result in significantly changed satisfaction levels. Had an entire term of using the SPA and SSEF for supervision been possible, perhaps the students and supervisors would have learned how to benefit more from the

procedures. It is possible that the timing of the experiment (Spring Term) caused the comparison group to inflate their satisfaction with supervision. That is, they may have wished to view their experiences together as satisfactory knowing that, at the end of a year of clinical training, little time was left to alter the course of the supervisory relationship.

The trait-treatment element of the design (i.e., using supervisors in both the experimental and comparison conditions) did not in actuality result in contaminated groups as evidenced by the T-Test results. The scores revealed that the groups functioned independently, and that the concept of the supervisory dyad as the proper unit of analysis was valid for this investigation.

The findings for the questions related to subscale responses and relationships among variables will be summarized briefly according to the question numbers as formulated in earlier chapters.

Question #3. Supervisors reported significantly increased satisfaction at posttest irrespective of treatment condition. Both statistical analyses (i.e., Condescriptive and one-way ANOVA) revealed that the supervisors' mean satisfaction increased from pretest to posttest (from 5.8697 to 6.9720) (when treatment and comparison groups were combined and treated as one group). The pretest minimum reported score of supervisors (4.8889) increased substantially at posttest (6.2679), while the standard deviation decreased

(from .6448 at pretest to .5888 at posttest), indicating a clustering at the higher level.

Question #4. Supervisors reported significantly improved satisfaction on all subscale supervisor skills from pretest to posttest irrespective of treatment condition (and with the use of the scores from all supervisors combined). When the average scores of each supervisor were paired for comparisons, only the teacher subscale yielded significant improvement in satisfaction from pretest to posttest. Descriptive statistics supported the increase of the other three subscales, however. The means of all subscale skills increased from pretest to posttest.

Question #5. Students reported significantly greater satisfaction with supervisor use of skills on four subscales at posttest (for all 24 students as a group). The T value for the counselor skills scale resulted in a probability of .010, which was substantially lower than the probability of the other three subscales (.055, .084, and.057). (All of the subscales, however, reached the .10 significance level). Standard deviations remained similar for all scales from pretest to posttest.

Question #6. Students reported no statistically significant difference in clinical skills from pretest to posttest for any of the five subscales. Only the conceptualization subscale showed an increase in the mean, and that increase was slight. Perhaps the increased awareness and maturity of students in self-evaluations accounted for this result.

Perhaps "termination anxiety" (commonly found among students about to graduate and be judged by professional standards) affected students' self-evaluations. On the other hand, the lower self-evaluations may reflect lowered anxiety levels, which permit more accurate, less defensive self-reflection and self-disclosure.

Question #7. Supervisors, however, reported significantly improved clinical skills for students for session management, personal skills, and musicianship (using supervisor reports from both groups combined). When individual supervisor's scores were averaged and paired, only session management and musicianship skills reached significance at the .10 level for improvement from pretest to posttest.

On the three scales mentioned above, students rated themselves higher than their supervisors rated them at the pretest. On the posttest, however, students rated themselves lower than their supervisors rated them (indeed, lower on all five subscales).

The MTSEF was used for evaluation purposes not only for this study, but for the Music Therapy Clinic. It is possible that its usage for student feedback inflated the supervisors' scores or deflated the students' scores, and made them more homogeneous. Perhaps a measure of student skills by supervisors which was not also intended to be used as feedback and evaluation of students engaged in actual clinical training would have yielded different scores.

Question #8. High and low experience level supervisors reported no significantly different satisfaction at posttest, although the low experience level supervisors reported a higher mean satisfaction, higher standard deviation, and higher maximum score than did the high experience level supervisors.

The mean satisfaction of low experience supervisors was higher than the mean satisfaction of high experience supervisors (7.4420 and 6.4387), which could suggest that low experience level supervisors have a less professional frame of reference or were more defensive about self-evaluation. On the other hand, perhaps they experienced "easier" supervisees. The low experience level supervisors had a larger standard deviation (1.5398 and .2792) and a larger standard error (.8890 and .1612) than the high experience level supervisors. The low and high experience level supervisors also varied on maximum reported scores (9.1429 and 6.7541).

Questions #9, #10, and #11. The correlation of student skill level as measured by the MTSEF-SUP and student satisfaction as measured by the SSF-MTS almost reached significance. There was no significant correlation of students' self-evaluation of skill level and their satisfaction with supervision. And finally, student self-evaluation of skills was not correlated significantly with the supervisors' evaluation of student skills.

Recommendations

The high mortality of subjects caused difficulty in this study, but a data-base has been generated for future studies. The assumptions underlying this study may now be examined in light of the analyses of the data collection instruments. Future studies should perhaps select supervisory dyads with low levels of expressed satisfaction in one or more supervision subscale skill areas. Future studies to examine the efficacy of planning and evaluation of supervision sessions may draw on the supervision model and the subscale skill areas to isolate variables for controlled studies.

The experimental procedures of the SPA and SSEF and the measurement of the co-variates were implemented successfully and warrant additional experimental inquiry.

Based on the findings of this study, the following recommendations for further research are suggested. This study, which was exploratory in nature and focused on in vivo rather than analogue or simulated experimental tasks, should be replicated. Replication studies would be valuable using the following adaptations of design: (a) using a measurement of student skill level that is not intended to provide feedback to the student, (b) extending the training period during which supervisors and students using the SPA and SSEF procedures can experiment with and seek clarification on the options and mechanics, (c) using a longer experimental period to strengthen the treatment, and (d) using a larger sample size. A larger sample size would permit controlling

extraneous factors, the probable use of the co-variate, and the use of completely independent groups for evaluating the treatment effect.

It is recommended that studies be conducted which extend this research. Such studies could (a) take behavioral observations of supervision content and process in relationship to expectations and plans, (b) investigate choices and cognitive process variables of the SPA, (c) assess pretest and posttest expectations, (d) assess the reliability and validity of the various data collection instruments using a national sample; (e) determine the sources of data and perceptions supervisors use in making supervision decisions, (f) test the differential effects of the SPA procedure on experienced and inexperienced supervisors, and practicum students and interns, (g) validate the compilation of supervisor competencies; and (h) validate the compilation of student clinical skills.

The issues addressed in this study may be useful in meeting needs in the field of music therapy for workshop presentations and for preparation of a handbook for supervisors. Certification of supervisors and/or continuing education requirements for supervisors may be mandated soon and thus create a need and market for such a handbook.

It is hoped that the issues addressed in this study will serve to enhance the understanding and effectiveness of supervision for students and supervisors.

APPENDICES

APPENDIX A

Supervision Satisfaction Form

(SSF)

APPENDIX A

Supervision Satisfaction Form

(SSF)

SUPERVISION SATISFACTION

Purpose: This Supervision Satisfaction Form is part of a doctoral research project aimed at improving music therapy clinical supervision. The supervisory relationship between a supervisor and a music therapy student is unique, and is influenced by many factors. The evaluation of the supervision that has already occurred is the first step in this research project, and all responses by students and supervisors will be kept strictly CONFIDENTIAL.

CONFIDENTIALITY will be ensured by a coding system in which Mrs. Ruth Parry, Mr. Unkefer's secretary, will be the only person knowing the identities of the members of each supervisory pair. She will retain the only copy of the "dyad" members and will reveal to the researcher (and to noone else) the pairs pertaining to a given supervisor. Even the researcher will not know which responses belong to which student.

Directions: Please complete the Supervision Satisfaction Form for each supervisor-music therapy student pair in which you are a member. Answer all questions with the one best answer, and do not identify by name either member of the dyad on the attached pages. Mrs. Parry will write the dyad number and circle the appropriate coding information using this page. She will then tear off this page so that all responses are known only by dyad number.

Please return this stapled package to Mrs. Parry when you are finished.

Please note that the first three sections of the form ask you to rate how satisfied you are with the supervisor's use of a specific skill. If the skill was not observed at all, mark the box under "Not applicable/not observed." If the supervisor lacked the skill and could not apply it, or had the skill yet did not use it to your satisfaction, mark an appropriately low box. If the supervisor possessed the skill and used it to the extent you found helpful, mark an appropriately high box.

The final section of the form asks you to rate your opinion of the supervisor's overall competence in meeting supervision needs. Please mark the boxes corresponding to the actual supervision that you received from the supervisor.

IT IS CRUCIAL THAT YOU BE ABSOLUTELY HONEST IN RATING SUPERVISION. RESPONSES IN THE MIDDLE OF THE SCALES INDICATE SATISFACTION WITH SUPERVISION; THEY ARE NOT "POOR GRADES."

I am willing to participate in this research project. I understand that all information will be held completely confidential, and that only the research assistant will know the identity of individuals in supervisory dyads.

Student _____ Supervisor _____

APPENDIX A, continued

SUPERVISION SATISFACTION

This supervision satisfaction form is part of a doctoral research project aimed at improving music therapy clinical supervision.

All responses by students and supervisors will be kept strictly confidential. Please do not sign your name to the attached form; a dyad number will be assigned to it.

Please complete a supervision satisfaction form for each clinical assignment for which you have received supervision.

Please complete and return this stapled package to Mrs. Parry by Friday, May 13.

Thank you very much for assisting in this project.

Student _____

Supervisor _____

Client(s) _____

APPENDIX A, continued

SUPERVISION SATISFACTION

DYAD # MTS SUP PRE POST

HOW SATISFIED ARE YOU WITH THE SUPERVISOR'S USE OF THE FOLLOWING SKILLS IN PROVIDING YOU WITH HELPFUL SUPERVISION?	Not applicable/ not observed	Not at all satisfied	Somewhat satisfied	Generally satisfied	Completely satisfied	Exceeded all expectations
I. Supervisor "Teacher" Skills						
1. Focused the content of supervision sessions on the student's skills and behaviors which were observed during music therapy sessions.	☐	☐	☐	☐	☐	☐
2. Demonstrated techniques, role-played interactions, and instructed student in music therapy techniques.	☐	☐	☐	☐	☐	☐
3. Referred student to research, assigned readings or observations related to clinical work.	☐	☐	☐	☐	☐	☐
4. Shared own case conceptualization and made direct suggestions for the student's use in therapy.	☐	☐	☐	☐	☐	☐
5. Structured the supervision session by initiating discussion topics and refocusing discussion.	☐	☐	☐	☐	☐	☐
6. Gave positive and negative feedback to student based on observation of student during therapy sessions and professional standards.	☐	☐	☐	☐	☐	☐
7. Used professional vocabulary and frame of reference.	☐	☐	☐	☐	☐	☐
8. Monitored student compliance with clinical procedures and kept accurate records of student's work.	☐	☐	☐	☐	☐	☐
9. Made suggestions and/or corrections on student's written work.	☐	☐	☐	☐	☐	☐
10. Evaluated student skills fairly and according to clinic procedures.	☐	☐	☐	☐	☐	☐
II. Supervisor "Counselor" Skills						
11. Focused the content of supervision sessions on the student's feelings, thoughts, and experiences relating to clinical issues.	☐	☐	☐	☐	☐	☐
12. Functioned without judging the student's performance in order to facilitate the student's personal growth. Offered an open, helping relationship.	☐	☐	☐	☐	☐	☐
13. Supported the student's efforts, reassured and encouraged the student, and used facilitative communication techniques in supervision.	☐	☐	☐	☐	☐	☐
14. Used questioning, clarification of student communication, and self-disclosure as supervision techniques.	☐	☐	☐	☐	☐	☐
15. Communicated caring, respect for the student's potential, and respect for the student's viewpoints.	☐	☐	☐	☐	☐	☐

APPENDIX A, continued

DYAD # MTS SUP PRE POST

	HOW SATISFIED ARE YOU WITH THE SUPERVISOR'S USE OF THE FOLLOWING SKILLS IN PROVIDING YOU WITH HELPFUL SUPERVISION?	Not applicable/ not observed	Not at all satisfied	Somewhat satisfied	Generally satisfied	Completely satisfied	Exceeded all expectations
III.	Supervisor "Consultant" Skills						
16.	Focused the content of supervision sessions on the client's needs and responses in therapy sessions.	☐	☐	☐	☐	☐	☐
17.	Gave student maximum freedom and autonomy by offering a collegial, democratic relationship.	☐	☐	☐	☐	☐	☐
18.	Gave data-based feedback on client or student target behaviors when requested.	☐	☐	☐	☐	☐	☐
19.	Responded to student concerns and questions directly; encouraged student to express supervision preferences.	☐	☐	☐	☐	☐	☐
20.	Used problem-solving techniques (problem identification, prioritizing, brain-storming, viewing consequences, and strategy selection) in supervision.	☐	☐	☐	☐	☐	☐
21.	Negotiated content and approach to supervision with student on a flexible, on-going basis.	☐	☐	☐	☐	☐	☐
22.	Dealt with administrative problems promptly and effectively.	☐	☐	☐	☐	☐	☐
23.	Was available and dependable for supervision sessions.	☐	☐	☐	☐	☐	☐

	HOW COMPETENT OVERALL DO YOU BELIEVE THE SUPERVISOR HAS BEEN IN THE FOLLOWING SKILL AREAS?	Not applicable/ not observed	Not at all competent	Somewhat competent	Generally competent	Completely competent	Exceeded all expectations
IV.	Overall Competence of Supervisor						
24.	Competence in meeting the student's individual needs for supervision.	☐	☐	☐	☐	☐	☐
25.	Competence in developing a positive supervisory relationship with the student.	☐	☐	☐	☐	☐	☐
26.	Competence in using supervision time wisely.	☐	☐	☐	☐	☐	☐
27.	Competence in influencing the student's personal and professional growth in a positive manner.	☐	☐	☐	☐	☐	☐
28.	Competence in providing good or helpful supervision.	☐	☐	☐	☐	☐	☐

APPENDIX B

Names of the Variables measured by the SSF

APPENDIX B

Names of the variables measured by the SSF

Variable		Variable Name
Pretest	Posttest	
v13s	v13sp	SSF-MTS Supervisor-teacher skills score
v14s	v14sp	SSF-MTS Supervisor-counselor skills score
v15s	v15sp	SSF-MTS Supervisor-consultant skills score
v16s	v16sp	SSF-MTS Overall competence
v17s	v17sp	SSF-MTS Overall satisfaction
v18s	v18sp	SSF-SUP Supervisor-teacher skills score
v19s	v19sp	SSF-SUP Supervisor-counselor skills score
v20s	v20sp	SSF-SUP Supervisor-consultant skills score
v21s	v21sp	SSF-SUP Overall competence
v22s	v22sp	SSF-SUP Overall satisfaction
v123	v179	SSF-MTS item #1 score
v124	v180	#2
v125	v181	#3
v126	v182	#4
v127	v183	#5
v128	v184	#6
v129	v185	#7
v130	v186	#8
v131	v187	#9
v132	v188	#10
v133	v189	#11
v134	v190	#12
v135	v191	#13
v136	v192	#14
v137	v193	#15
v138	v194	#16
v139	v195	#17
v140	v196	#18
v141	v197	#19
v142	v198	#20
v143	v199	#21
v144	v200	#22
v145	v201	#23
v146	v202	#24
v147	v203	#25
v148	v204	#26
v149	v205	#27
v150	v206	#28
v151	v207	SSF-SUP item #1 score
v152	v208	#2
v153	v209	#3
v154	v210	#4
v155	v211	#5
v156	v212	#6
v157	v213	#7
v158	v214	#8
v159	v215	#9

Appendix B (cont'd.)

Variable		Variable Name
Pretest	Posttest	
v160	v216	SSF-SUP item #10 score
v161	v217	#11
v162	v218	#12
v163	v219	#13
v164	v220	#14
v165	v221	#15
v166	v222	#16
v167	v223	#17
v168	v224	#18
v169	v225	#19
v170	v226	#20
v171	v227	#21
v172	v228	#22
v173	v229	#23
v174	v230	#24
v175	v231	#25
v176	v232	#26
v177	v233	#27
v178	v234	#28
v		SUP's average pre-test satisfaction
	v	SUP's average satisfaction score, experimental group, post-test
	v	SUP's average satisfaction score, comparison group, posttest
	v	SUP's average satisfaction score, both experimental and comparison groups combined, posttest

APPENDIX C

Music Therapy Student Evaluation Form

(MTSEF)

APPENDIX C

MUSIC THERAPY STUDENT EVALUATION FORM

Michigan State University - Music Therapy Clinic

STUDENT _____ **CLIENT** _____

DATE _____ **(Circle one: Self-eval Supervisor-eval)**

I. Session Management Skills	Not applicable/ not observed	Unsatisfactory	Needs improvement	Satisfactory	Good	Excellent
1. Begins and ends sessions on time.	☐	☐	☐	☐	☐	☐
2. Arranges people, furniture and instruments to suit the needs of participants and activities.	☐	☐	☐	☐	☐	☐
3. Sequences activities logically and makes smooth transitions between activities.	☐	☐	☐	☐	☐	☐
4. Presents activities at the pace needed by the client(s) to remain interested and challenged.	☐	☐	☐	☐	☐	☐
5. Adapts activities flexibly and spontaneously to meet the ongoing needs of the client(s).	☐	☐	☐	☐	☐	☐
6. Assists client(s) in assessing client(s)' strengths and progress toward objectives.	☐	☐	☐	☐	☐	☐
7. Communicates the purpose of activities in terms the client(s) can understand.	☐	☐	☐	☐	☐	☐
8. Explains and demonstrates activities clearly.	☐	☐	☐	☐	☐	☐
9. Reviews past experiences and work adequately.	☐	☐	☐	☐	☐	☐
10. Uses effective questioning and elicitation.	☐	☐	☐	☐	☐	☐
11. Uses verbal and nonverbal positive reinforcement to increase the frequency of desired responses.	☐	☐	☐	☐	☐	☐
12. Uses ignoring and time-out from positive reinforcement to discourage undesired responses.	☐	☐	☐	☐	☐	☐
13. Sets firm limits when necessary.	☐	☐	☐	☐	☐	☐
14. Models, shapes, and cues desired responses, and rewards successive approximations toward the goal.	☐	☐	☐	☐	☐	☐
15. Generalizes clinic experiences to other situations by assigning relevant homework to client.	☐	☐	☐	☐	☐	☐
16. Prepares client(s) for separation or termination.	☐	☐	☐	☐	☐	☐

APPENDIX C, continued

	Not applicable/ not observed	Unsatisfactory	Needs improvement	Satisfactory	Good	Excellent
II. Personal Skills						
17. Responds to unexpected client behaviors in a resourceful and creative manner.	☐	☐	☐	☐	☐	☐
18. Uses a consistent and appropriate style of interacting with client(s); avoids using authoritarian style as primary role relationship.	☐	☐	☐	☐	☐	☐
19. Develops a positive relationship with client(s).	☐	☐	☐	☐	☐	☐
20. Communicates caring, respect for client(s)' potential, and appropriate warmth to client(s).	☐	☐	☐	☐	☐	☐
21. Exchanges appropriate personal information with client(s); uses self-disclosure to enhance the therapeutic relationship.	☐	☐	☐	☐	☐	☐
22. Uses humor and/or enthusiasm to engage the client(s) and/or to enhance rapport.	☐	☐	☐	☐	☐	☐
23. Uses own personal style to advantage; acts genuinely, not mechanically during sessions.	☐	☐	☐	☐	☐	☐
24. Gives clear and consistent messages, verbal and nonverbal, regarding expectations of client(s).	☐	☐	☐	☐	☐	☐
25. Models behaviors and feelings appropriate to the music therapy session; behaves professionally.	☐	☐	☐	☐	☐	☐
III. Conceptualization Skills						
26. Writes goals based on assessment of client(s)' functioning in one or more areas appropriate to music therapy.	☐	☐	☐	☐	☐	☐
27. Writes objectives that are attainable within the available treatment time.	☐	☐	☐	☐	☐	☐
28. Writes assessment criteria that are observable, measurable, specific, relevant, and stated in positive terms.	☐	☐	☐	☐	☐	☐
29. Updates client(s)' goals and objectives as required by ongoing assessment.	☐	☐	☐	☐	☐	☐
30. Plans activities which elicit desired responses directly related to client(s)' objectives.	☐	☐	☐	☐	☐	☐
31. Plans activities suited to the age, interests, and skills of client(s).	☐	☐	☐	☐	☐	☐
32. Plans activities that are adaptable to varied levels of client responses and part of long-range plan.	☐	☐	☐	☐	☐	☐
33. Writes evaluation statements that are based on observed behavior which is directly related to client(s)' objectives; clearly indicates subjective impressions and interpretations.	☐	☐	☐	☐	☐	☐

APPENDIX C, continued

IV. Musicianship Skills	Not applicable/ not observed	Unsatisfactory	Needs improvement	Satisfactory	Good	Excellent
Effectively uses the following modalities as activities and/or accompaniments:						
34. Piano	☐	☐	☐	☐	☐	☐
35. Vocal	☐	☐	☐	☐	☐	☐
36. Guitar or autoharp	☐	☐	☐	☐	☐	☐
37. Percussion	☐	☐	☐	☐	☐	☐
38. Mallet instruments	☐	☐	☐	☐	☐	☐
39. Recordings or tapes	☐	☐	☐	☐	☐	☐
40. Movement and dance	☐	☐	☐	☐	☐	☐
41. Echo structure	☐	☐	☐	☐	☐	☐
42. Improvisation	☐	☐	☐	☐	☐	☐
43. Instrumental arrangments	☐	☐	☐	☐	☐	☐
V. Clinic Procedures						
44. Submits written work at the agreed-upon time.	☐	☐	☐	☐	☐	☐
45. Uses the prescribed format for written work.	☐	☐	☐	☐	☐	☐
46. Submits work that is free from grammatical, spelling, or typing errors.	☐	☐	☐	☐	☐	☐
47. Keeps accurate records of clinical work.	☐	☐	☐	☐	☐	☐
48. Maintains client(s)' charts according to clinic procedures.	☐	☐	☐	☐	☐	☐
49. Contacts appropriate persons immediately when sessions must be postponed or client fails to appear; follows through with revised plans.	☐	☐	☐	☐	☐	☐
50. Leaves therapy room(s) in proper order when done.	☐	☐	☐	☐	☐	☐
51. Schedules, attends, and actively participates in individual supervision sessions.	☐	☐	☐	☐	☐	☐
52. Attends and actively participates in group supervision.	☐	☐	☐	☐	☐	☐
53. Assesses own clinical skills, sets personal goals, and uses own initiative and suggestions of others to improve clinical work.	☐	☐	☐	☐	☐	☐

(Over, please)

APPENDIX C, continued

COMMENTS:

I have read this evaluation:

Music Therapy Student	Date	Supervisor	Date

APPENDIX D

Names of the Variables Measured by the MTSEF

APPENDIX D

Names of the variables measured by the MTSEF

Variable		Variable Name
Pretest	Posttest	
v1s	v1sp	MTSEF-MTS session management skills
v2s	v2sp	MTSEF-MTS personal skills score
v3s	v3sp	MTSEF-MTS conceptualization score
v4s	v4sp	MTSEF-MTS musicianship score
v5s	v5sp	MTSEF-MTS clinic procedures score
v6s	v6sp	MTSEF-MTS overall skills score
v7s	v7sp	MTSEF-SUP session management skills
v8s	v8sp	MTSEF-SUP personal skills score
v9s	v9sp	MTSEF-SUP conceptualization score
v10s	v10sp	MTSEF-SUP musicianship score
v11s	v11sp	MTSEF-SUP clinic procedures score
v12s	v12sp	MTSEF-SUP overall skills score
v17	v235	MTSEF-MTS item #1 score
v18	v236	#2
v19	v237	#3
v20	v238	#4
v21	v239	#5
v22	v240	#6
v23	v241	#7
v24	v242	#8
v25	v243	#9
v26	v244	#10
v27	v245	#11
v28	v246	#12
v29	v247	#13
v30	v248	#14
v31	v249	#15
v32	v250	#16
v33	v251	#17
v34	v252	#18
v35	v253	#19
v36	v254	#20
v37	v255	#21
v38	v256	#22
v39	v257	#23
v40	v258	#24
v41	v259	#25
v42	v260	#26
v43	v261	#27
v44	v262	#28
v45	v263	#29
v46	v264	#30
v47	v265	#31
v48	v266	#32
v49	v267	#33
v50	v268	#34
v51	v269	#35

Appendix D (cont'd.)

Variable		Variable Name
Pretest	Posttest	
v52	v270	MTSEF-MTS item #36 score
v53	v271	#37
v54	v272	#38
v55	v273	#39
v56	v274	#40
v57	v275	#41
v58	v276	#42
v59	v277	#43
v60	v278	#44
v61	v279	#45
v62	v280	#46
v63	v281	#47
v64	v282	#48
v65	v283	#49
v66	v284	#50
v67	v285	#51
v68	v286	#52
v69	v287	#53
v70	v288	MTSEF-SUP item #1 score
v71	v289	#2
v72	v290	#3
v73	v291	#4
v74	v292	#5
v75	v293	#6
v76	v294	#7
v77	v295	#8
v78	v296	#9
v79	v297	#10
v80	v298	#11
v81	v299	#12
v82	v300	#13
v83	v301	#14
v84	v302	#15
v85	v303	#16
v86	v304	#17
v87	v305	#18
v88	v306	#19
v89	v307	#20
v90	v308	#21
v91	v309	#22
v92	v310	#23
v93	v311	#24
v94	v312	#25
v95	v313	#26
v96	v314	#27
v97	v315	#28
v98	v316	#29
v99	v317	#30
v100	v318	#31

Appendix D (cont'd.)

Variable		Variable Name
Pretest	Posttest	
v101	v319	MTSEF-SUP item #32 score
v102	v320	#33
v103	v321	#34
v104	v322	#35
v105	v323	#36
v106	v324	#37
v107	v325	#38
v108	v326	#39
v109	v327	#40
v110	v328	#41
v111	v329	#42
v112	v330	#43
v113	v331	#44
v114	v332	#45
v115	v333	#46
v116	v334	#47
v117	v335	#48
v118	v336	#49
v119	v337	#50
v120	v338	#51
v121	v339	#52
v122	v340	#53

APPENDIX E

Supervisor Experience Index

(SEI)

APPENDIX E

SUPERVISOR EXPERIENCE INDEX

Directions: Please provide the following information including this academic year. Thank you for your cooperation.

1. How many years have you been employed full-time as a clinical music therapist?

   _____years or years & months

2. How many years have you been employed part-time or volunteered your services as a clinical music therapist (do not include any years reported in question #1)?

   _____years or years & months

3. How many years have you spent in graduate school full-time or part-time studying music therapy-related subjects (do not include any years reported in questions #1 or #2 above)?

   _____years or years & months

4. How many years have you been employed teaching music therapy in a college setting either full-time or part-time (do not include any years reported in questions #1, #2, or #3 above)?

   _____years or years & months

5. Approximately how many music therapy practicum students have you supervised in clinical training?

   _____practicum students

6. Approximately how many music therapy interns have you supervised in clinical training?

   _____interns

7. Please list any additional experiences you have had which you believe contributed substantially to your expertise as a supervisor.

   _____

   _____

APPENDIX F

Names of Variables Measured by the SEI

APPENDIX F

Names of variables measured by the SEI.

Variable Number	Variable Name
v10	SEI #1 (years employed full-time)
v11	SEI #2 (years employed part-time or volunteer)
v12	SEI #3 (years in graduate school)
v13	SEI #4 (years teaching music therapy)
v14	SEI #5 (number of practicum students supervised)
v15	SEI #6 (number of interns supervised)
v16	SEI score (overall score)

APPENDIX G

Scoring System for the Supervisor Experience Index

APPENDIX G

Scoring System for the Supervisor Experience Index

Variable Number	Item Number	Scoring System
v10	1	0 = zero years full-time employment as a clinical Music Therapist 1 = less than one year 2 = one year to less than two years 3 = two years to less than four years 4 = four years to less than six years 5 = six years or more
v11	2	0 = zero years part-time employment or volunteer clinical Music Therapist 1 = less than one year 2 = one year to less than two years 3 = two years to less than four years 4 = four years to less than six years 5 = six years or more
v12	3	0 = zero years part-time or full-time graduate study of Music Therapy-related subjects 1 = less than one year 2 = one year to less than two years 3 = two years to less than three years 4 = three years to less than four years 5 = four years or more
v13	4	0 = zero years college teaching of Music Therapy (full or part-time) 1 = less than one year 2 = one year to less than two years 3 = two years to less than four years 4 = four years to less than ten years 5 = ten or more years
v14	5	0 = zero practicum students supervised in clinical training 1 = one to three 2 = four to seven 3 = eight to ten 4 = 11 - 20 5 = 21 or more practicum students
v15	6	0 = interns supervised in clinical training 1 = one to two 2 = three to five 3 = six to eight

Appendix G (cont'd.)

Variable Number	Item Number	Scoring System
v15	6	4 = interns supervised in clinical training 5 = 13 or more interns
v16		SEI overall score (total of points accumulated in 6 SEI items)

APPENDIX H

Supervision Planning Aid

(SPA)

APPENDIX H

Supervision Planning Aid

(SPA)

SUPERVISION PLANNING AID

Purpose: This Supervision Planning Aid is part of an experiment in supervision research. It is an attempt to study the effects of a three-part "treatment" in which the supervisor plans a tentative agenda for the next supervision session with a music therapy practicum student. The agenda consists of prioritizing topics of discussion, choosing the role-relationship within which the supervisor wishes to function in order to best discuss the topic, sharing and, if desired, changing that agenda in conjunction with the student's desires, and then evaluating the supervision session (both supervisor and student individually and confidentially).

CONFIDENTIALITY of responses will be ensured by a coding system in which Mrs. Ruth Parry, Mr. Unkefer's secretary, will receive, store, and assign a dyad number to all forms. Noone, including the researcher, other than Mrs. Parry, will have access to responses of students or supervisors other than to know which responses belong to which supervisor.

Directions: Please complete the Supervision Planning Aid some time prior to the expected time of all supervision sessions following the beginning of this experiment. Complete the form by choosing 3 or more topics of discussion and, for each, a preferred role relationship. Put the numbers 1, 2, and 3 in the appropriate boxes on the form to indicate first priority, second priority, and third priority, etc. for each topic of discussion. Other topics may emerge, and supervision should be conducted without additional reference to this form other than for a reminder if desired.

Please show the form to the student upon beginning supervision, and negotiate changes in the agenda if desired. Please have the student initial the form at the bottom to indicate compliance with these directions.

Immediately following supervision, please give the student a copy of the Supervision Session Evaluation Form with the request to complete it and turn it in to Mrs. Parry. Please do the same yourself.

(Base your decisions on content-focus on any of the following: the last observed music therapy session conducted by the student; overall needs of the student; or future session planning needs of the student. Base your decisions on approach or role-relationship on the personal or expressed preferences of either you or your student in light of what approach will be most helpful to the student at that particular time.)

APPENDIX H, continued

SUPERVISION PLANNING AID

SUPERVISOR _____ **STUDENT** _____ **DATE** _____

CHOICES OF CONTENT/FOCUS OF NEXT SUPERVISION SESSION:

CHOICES OF ROLE RELATION-SHIPS:	TEACHER-STUDENT (instructing, explaining, evaluating)	COUNSELOR-CLIENT (encouragment, reassurance, empathic response)	CONSULTANT-COLLEAGUE (problem-solving, responding to student initiated structure)
Therapeutic interventions			
Musicianship/ techniques			
Activities/ pacing			
Client needs/ responses			
Verbal interactions			
Relationship with client			
Feelings/ Reactions			
Goals/ objectives			
Session evals/ Client chart			
Clinic procedures			
Scheduling concerns			
Supervision needs/goals			
Other (Specify:)			

I have seen this Supervision Planning Aid: _____

Music Therapy Student's Initials Date

APPENDIX I

Supervision Session Evaluation Form

(SSEF)

APPENDIX I

(SSEF)

. SUPERVISION SESSION EVALUATION FORM

(Form To Be Completed by Music Therapy Student)

DYAD # _____ SESSION # _____ DATE & TIME OF SESSION _____

HOW SATISFIED ARE YOU WITH THE SUPERVISION SESSION IN WHICH YOU JUST PARTICIPATED? HOW SATISFIED ARE YOU WITH . . .	Not at all satisfied	Somewhat satisfied	Generally satisfied	Completely satisfied	Exceeded all expectations
1. The overall helpfulness of this session to you and your work with your client.	☐	☐	☐	☐	☐
2. The supervisor's use of time during this session . .	☐	☐	☐	☐	☐
3. The content (or topics of discussion) of the session .	☐	☐	☐	☐	☐
4. The supervisor's personal approach (role relationship).	☐	☐	☐	☐	☐

PLEASE DO NOT IDENTIFY YOURSELF OR YOUR SUPERVISOR BY NAME ON THIS FORM. PLEASE TURN THIS FORM IN TO MRS. PARRY WHO WILL ASSIGN THE DYAD NUMBER.

(cut along this line)

SUPERVISION SESSION EVALUATION FORM

(Form To Be Completed by Supervisor)

DYAD # _____ SESSION # _____ DATE & TIME OF SESSION _____

HOW SATISFIED ARE YOU WITH THE SUPERVISION SESSION WHICH YOU JUST CONDUCTED? HOW SATISFIED ARE YOU WITH . . .	Not at all satisfied	Somewhat satisfied	Generally satisfied	Completely satisfied	Exceeded all expectations
1. The overall helpfulness of this session to your student and your student's work with client(s).	☐	☐	☐	☐	☐
2. Your use of time during the supervision session . .	☐	☐	☐	☐	☐
3. The content (or topics of discussion) of the session .	☐	☐	☐	☐	☐
4. Your personal approach (or role relationships) with the student	☐	☐	☐	☐	☐

PLEASE DO NOT IDENTIFY YOURSELF OR YOUR STUDENT BY NAME ON THIS FORM. PLEASE TURN THIS FORM IN TO MRS. PARRY WHO WILL ASSIGN THE DYAD NUMBER.

APPENDIX J

List of Abbreviations

APPENDIX J

List of Abbreviations

AAMT -	American Association for Music Therapy, Inc.
BLRI -	Barrett-Lennard Relationship Inventory
CERS -	Counselor Effectiveness Rating Scale
MTS -	Music Therapy Student
MTSEF -	Music Therapy Student Evaluation Form
MTSEF-MTS	Music Therapy Student Evaluation Form, completed by the music therapy student
MTSEF-SUP	Music Therapy Student Evaluation Form, completed by the supervisor
NAMT -	National Association for Music Therapy, Inc.
RMT -	Registered Music Therapist
SEI -	Supervisor Experience Index
SSEF -	Supervision Session Evaluation Form
SSF -	Supervision Satisfaction Form
SSF-MTS	Supervision Satisfaction Form, completed by the music therapy student
SSF-SUP	Supervision Satisfaction Form, completed by the supervisor
SUP -	Supervisor

APPENDIX K

Assignment to Groups by Group

APPENDIX K

Assignment to Groups by Group

Experimental Group Dyads

Dyad #	SUP #	MTS #
01	2	06
08	2	04
09	6	08
12	2	12
14	3	09
15	1	01
19	6	04
22	6	10
24	5	13
28	5	01
29	3	06
48	4	16

Comparison Group Dyads

Dyad #	SUP #	MTS #
02	3	14
03	2	03
04	1	02
05	1	05
06	1	07
11	5	02
13	5	07
18	2	11
20	6	14
25	2	15
26	3	11
27	6	02

Group with Pretest Data only

Dyad #	SUP #	MTS #
07	7	14
16	7	07
17	1	04
21	7	08
23	7	13
30	7	09
31	2	19
33		18
34	4	17
35	8	09
36	8	18
39	8	12
40	2	18
41	5	17
42	8	11
43	8	15
44	2	17
46	2	09
47	6	20

Group with Posttest Data only

Dyad #	SUP #	MTS #
49	2	07
50	1	01
51	4	05
52	1	13
53	2	03
54	1	14
55	6	15
56	5	08
57	1	12
58	1	11
59	2	10
60	1	08
61	1	13
62	5	12
63	1	15
64	6	09

Dyads in Group Supervision

Dyad #	SUP #	MTS #
32	1	01
37	1	11
38	1	02
45	1	12

APPENDIX L

Assignment to Group by Supervisor

APPENDIX L

Assignment to Group by Supervisor

Experimental Group Dyads

SUP #	MTS #	Dyad #
1	1	15
2	4	08
2	6	01
2	12	12
3	6	29
3	9	14
4	16	48
5	1	28
5	13	24
6	4	19
6	8	09
6	10	22

Comparison Group Dyads

SUP #	MTS #	Dyad #
1	2	04
1	5	05
1	7	06
2	3	03
2	11	18
2	15	25
3	11	26
3	14	02
5	2	11
5	7	13
6	2	27
6	14	20

Group with Posttest Data Only

SUP #	MTS #	Dyad #
1	01	50
1	08	60
1	11	58
1	13	61
1	13	52
1	14	54
1	12	57
1	15	63
2	03	53
2	07	49
2	10	59
4	05	51
5	08	56
5	12	62
6	09	64
6	15	55

Group with Pretest Data Only

SUP #	MTS #	Dyad #
1	04	17
2	09	46
2	19	31
2	17	44
2	18	40
4	17	34
5	17	41
6	20	47
7	09	30
7	07	16
7	13	23
7	14	07
7	08	21
8	09	35
8	11	42
8	12	39
8	15	43
8	18	36
8	18	33

Dyads in Group Supervision

SUP #	MTS #	Dyad #
1	01	32
1	11	37
1	2	38
1	12	45

APPENDIX M

Assignment to Groups by Student

APPENDIX M

Assignment to Groups by Student

MTS #	SUP #	DYAD #
01	5	28
01	1	15
01	1	32
01	1	50
02	5	11
02	1	04
02	1	38
02	6	27
03	2	03
03	2	53
04	1	17
04	2	08
04	6	19
06	2	01
06	3	29
05	1	05
05	4	51
07	5	13
07	1	06
07	7	16
07	2	49
08	7	21
08	6	09
08	5	56
08	1	60
09	3	14
09	7	30
09	8	35
09	2	46
09	6	64
10	6	22
10	2	59
11	2	18
11	3	26
11	8	42
11	1	58
11	1	37
12	2	12
12	8	39
12	1	57
12	5	62
13	5	24
13	7	23
13	1	52
13	1	61

MTS #	DYAD #	SUP #
14	07	7
14	02	3
14	20	6
14	54	1
15	25	2
15	55	6
15	43	8
15	63	1
16	38	4
17	41	5
17	34	4
17	44	2
18	33	?
18	36	8
18	40	2
19	31	2
20	47	6

APPENDIX N

Names of Computed Variables

APPENDIX N

Names of Computed Variables

Variables		Variable Name
Pretest	Posttest	
v16		SEI score
v1s	v1sp	MTSEF-MTS session management skill
v2s	v2sp	MTSEF-MTS personal skill
v3s	v3sp	MTSEF-MTS conceptualization skill
v4s	v4sp	MTSEF-MTS musicianship skill
v5s	v5sp	MTSEF-MTS clinical procedures skill
v6s	v6sp	MTSEF-MTS overall skills
v7s	v7sp	MTSEF-SUP session management skill
v8s	v8sp	MTSEF-SUP personal skill
v9s	v9sp	MTSEF-SUP conceptualization skill
v10s	v10sp	MTSEF-SUP musicianship skill
v11s	v11sp	MTSEF-SUP clinic procedures skil
v12s	v12sp	MTSEF-SUP overall skills
v13s	v13sp	SSF-MTS teacher skills
v14s	v14sp	SSF-MTS counselor skills
v15s	v15sp	SSF-MTS consultant skills
v16s	v16sp	SSF-MTS overall competence
v17s	v17sp	SSF-MTS overall skills
v18s	v18sp	SSF-SUP teacher skills
v19s	v19sp	SSF-SUP counselor skills
v20s	v20sp	SSF-SUP consultant skills
v21s	v21sp	SSF-SUP overall competence
v22s	v22sp	SSF-SUP overall skills
	v	Supervisor's average posttest satisfaction score experimental group
	v	Supervisor's average posttest satisfaction score, comparison group
	v	Supervisor's average posttest satisfaction score, both groups combined
v		Supervisor's average pretest satisfaction score, both groups combined

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