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Boundary Issues in Music Therapy Internship Supervision

Michelle Lasco

This research was completed as part of the degree requirements for the [Music Therapy](#) Department at Molloy College.

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RUNNING HEAD: BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

BOUNDARY ISSUES IN MUSIC THERAPY INTERNSHIP SUPERVISION

A SURVEY

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

Michelle Lasco, MT-BC

Molloy College

Rockville Centre, NY

2013

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

MOLLOY COLLEGE

Boundary issues in music therapy internship supervision: A survey

By

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A Master's Thesis Submitted to the Faculty of

Molloy College

In Partial Fulfillment of the Requirements

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BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

Abstract

This study examined the prevalence and frequency of boundary issues within music therapy internship supervision. An online survey was used to obtain data from 243 board- certified music therapists who finished their training within the past five years. Participants were asked for demographic information, and asked to respond to questions about boundary issues and challenges during their internship. The study found a relatively low frequency of boundary issues; however some issues occurred more often than others, most notably social media connections and social outings beyond the internship site. Social media connections that were initiated by the supervisor, the gender mix of the intern and supervisor, and the level of education of the intern were factors correlated with higher incidence of boundary issues. This study may provide insight into the current state of supervisory relationships in internship supervision, and how to reduce the incidence of boundary issues. This may have a positive effect on the professional development of new music therapists.

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Introduction

A boundary is defined in the Oxford Dictionary (2010) as “a line which marks the limits of an area”. Boundaries within a supervisory relationship are necessary, and their absence can lead to dual relationships, which can be harmful (Kitchener, 1988). Within a supervisory relationship, boundaries can mark where one person ends and the other begins, validating their unique and separate identities (Epstein, 1994).

The purpose of this study is to research the prevalence and frequency of boundary issues within music therapy internship supervision. My colleagues have shared experiences with me that lead me to believe that boundaries and dual relationships in music therapy internship supervision need to be further examined. If a clearer picture of the state of boundaries in music therapy internship supervision can be provided through survey research, then as a field we can see what work needs to be done to improve the quality of pre-professional supervision. This study surveyed music therapists who had been working in the field for less than five years, in order to get an accurate and current picture of internship supervision.

Internship Supervision

Music therapy internship supervisors provide pre-professional music therapists with the hands-on clinical experience and supervision necessary for professional development. The term *pre-professional* refers to a music therapy student who has yet to receive the MT-BC or music therapist-board certified credential (Forinash, 2001). It is during practicum that the potential for a student’s future career is determined (Summer, 2001). The internship can be a transformative experience for both the intern and the

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supervisor; it has the potential to help both parties grow as therapists and as individuals (Feiner, 2001).

For many students the internship marks the final stage and climax of their studies. It is the first time they take on their own caseload independently. Interns are often full of fear, excitement, and many questions. Students often wonder if they will like working as a music therapist as much as they thought, or if they can really handle the work (Feiner, 2001). I recall being both excited and terrified at the start of my internship: I had seen others who had not made it through, and I wondered if I could withstand the intensity. I was in a very vulnerable position, and my supervisor had tremendous influence on me. It is clear that the responsibility in the hands of the supervisor needs to be held with great care.

The Many Facets of Supervision

At the time of internship students have completed at least 15% of their required 1200 hours of clinical work. During the internship they will complete at least another 900 hours. These hours include observing, co-leading, leading and taking on total responsibility for the planning of a program (AMTA, 3.2.8). During the internship, students must be provided with direct supervision from a credentialed music therapist 100% of the time, either from the onsite supervisor or a professor (if the supervisor is not able to be present). Direct supervision includes observation of the intern's work, and feedback must be given (AMTA, 3.2.5). The quality of the supervision students receive can have a tremendous impact on the quality of the professional they become. Bernard and Goodyear (1998) defined supervision as:

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...an intervention provided by a more senior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person (s), monitoring the quality of professional services offered to the clients, she, he, or they see and serving as a gatekeeper for those who are to enter the particular profession(p.6).

Though supervisors do not directly work with the clients their supervisees serve, they do impact the services provided through the guidance they provide to the budding therapist (Kadushin & Harkness, 2002).

The supervisor may perform administrative, educational, and supportive functions in the context of the supervisory relationship (Kadushin & Harkness, 2002).

The educator. Supervisors are expected to help their interns obtain the clinical expertise and knowledge needed to successfully complete their internships and degrees (Kadushin & Harkness, 2002). This role can prove challenging, since most supervising music therapists do not have experience as teachers (Feiner, 2001).

The administrator. Some responsibilities of the supervisor are administrative in nature. The supervisor must manage the requirements of the affiliated university, and complete session observation forms and evaluations. The supervisor makes sure the intern meets institutional requirements, while still taking into account the learning style and needs of the intern (Feiner, 2001).

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The supporter. The supervisor can also play a supportive role in the life of the intern, pointing out weaknesses and strengths, and highlighting the progress the intern has made. This role of supporter is not meant to cross the line between supervision and therapy (Feiner, 2001).

The ethical role model. Supervisors are seen as the gateway to their profession, as they help interns develop into professionals (Corey, Corey & Callanan, 1998). One of the main purposes of supervision is to model exemplary ethical behavior to the supervisee (Dileo, 2001).

Ethical Issues in Supervision

The violation of established boundaries in the context of supervision is a sign of supervisee exploitation (Kitchner, 1988). Dual relationships can develop in the context of supervision and take many forms. They can include establishing a financial relationship, accepting expensive gifts, having an emotional relationship with supervisees, providing therapy for supervisees or having a sexual relationship with supervisees (Dileo, 2001). The boundary between supervision and therapy can easily be crossed since both processes promote personal awareness (Dileo, 2001).

Supervision addressed in professional codes of ethics. The American Music Therapy Association's (AMTA) Code of Ethics outlines what is expected of the music therapy supervisor. One role is that supervisors are to serve as a model of ethical behavior for their supervisees (AMTA, 11.6). This requires modeling appropriate boundaries. Dual relationships are specifically forbidden with students, clients and research subjects (AMTA, 3.5). The exploitation of these individuals is also prohibited (AMTA, 3.4). The

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power differential between supervisor and supervisee makes those in dual relationships particularly susceptible to charges of exploitation.

The National Association of Social Workers (NASW) Code of Ethics prohibits any kind of dual relationship of the social work supervisor with any of student or supervisees. It also mentions specifically the setting of appropriate boundaries (NASW, 3.02 D). The American Psychological Association (APA) Code of Ethics prohibits psychologists from engaging in dual or multiple relationships in general that could impair their objectivity (APA, 3.05). It also explicitly prohibits sexual relationships between teachers and students, and between supervisors and their supervisees (APA, 7.07).

Social Media and Code of Ethics. Social media relationships between therapists and their trainees are not explicitly addressed in the American Psychological Association Code of Ethics, the American Music Therapy Association Code of Ethics or the National Association of Social Workers Code of Ethics. However, all address and prohibit dual relationships between supervisors and trainees (APA, 2010; AMTA, 2008; NASW, 2010). Interacting on social networking sites (i.e. Facebook, Twitter, MySpace, Google Plus) can convolute the line between personal and professional relationships, and can possibly lead to inappropriate interactions (Myers, Endres, Ruddy & Zelikovsky, 2012).

Purpose of Research

This research study examined boundary issues in music therapy internship supervision. Four research questions were posed:

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- 1) Are there boundary issues (or challenges) between music therapy students and their clinical on-site supervisor during internship?
- 2) How frequently are these boundary issues (or challenges) occurring?
- 3) What kinds of boundary issues (or challenges), if any, have occurred between music therapy students and their clinical onsite supervisors during internship?
- 4) What factors may contribute to the prevalence of these boundary issues (or challenges)?

Literature Review

The lack of data concerning the incidence of sexual relationships (an extreme form of boundary violation), within music therapy supervisor-intern relationships has been noted (Dileo, 2000) (Dileo, 2001). This indicates that research on boundary violations within the field of music therapy, including sexual and dual relationships, is sorely needed. In the absence of studies relating to music therapy relationships, this literature review focuses primarily on research in the fields of psychotherapy, social work, and medicine.

Six main areas were found in the literature related to boundary issues in internship supervision. These are: a) supervision in music therapy; b) supervision addressed in the AMTA Code of Ethics; c) supervision ethics in social work and psychology; d) ethical challenges in clinical supervision; e) boundary violations and dual relationships; and f) boundary violations in academia and supervision.

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Supervision in Music Therapy

The focus of supervision in music therapy is described by Forinash as addressing “the complexities involved in helping supervisees in their ongoing (and never ending) development as competent compassionate professionals” (2001, p. 1). Forinash noted that supervision occurs in pre-professional, professional, and institute training. Odell-Miller found that before 1990, music therapy supervision in the United States and Australia appeared to be more common within pre-professional training than in ongoing professional development (Odell-Miller, 2009). Odell-Miller also noted that interest in the topic of supervision increased after a roundtable discussion in the World Congress of Music Therapy in 1999 led to the development of a comprehensive book in 2001 edited by Forinash, *Supervision in Music Therapy*. Eight years later another comprehensive book about music therapy supervision was published entitled *Supervision of Music Therapy*, edited by Odell-Miller (2009).

Ethical Challenges in Clinical Supervision

The dynamics of the supervisory relationship can at times give rise to ethical dilemmas and challenges. One of the complexities involved is that the process of supervision often shares similarities with the process of therapy itself; both processes are designed to lead to personal growth (Forinash, 2001). Supervision can often be emotionally intense, and can lead to strong transference reactions in both supervisors and supervisees (Dileo, 2001).

Power differential in supervision. There is an inherent power imbalance in the supervisory relationship. This imbalance may cause the intern to be afraid of questioning

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the supervisor's actions or requests, and may cause the supervisor to dismiss or label as inappropriate the supervisee's reactions or objections (Dileo, 2001). The power in the role of the supervisor has the potential to cast the supervisor in a parental role, which lends itself to transference between the supervisor and intern (Dileo, 2001). Copeland, Dean and Wladkowski (2011) noted that the power of the supervisor should be held with care. Lian, Ferris and Brown (2012), in a study that utilized three samples and multisource data, found that supervisees who are more comfortable accepting authority are more susceptible to abusive supervision. The respondents came from varying backgrounds, including business, education and administrative support. Greene (2002) explored paternalism, using Dworkin's definition of it: the "interference with a person's liberty of action justified by reasons referring exclusively to the welfare, good, happiness, needs, interests or values of the person being coerced" (p. 20). Greene noted that the person doing the coercing may think he or she knows what is best for the supervisee, and this attitude can directly conflict with the autonomy of the supervisee. Paternalism can thus lead to a host of ethical problems.

The line between supervision and therapy. Dileo (2001) noted that therapy and clinical supervision both have a goal of promoting personal awareness. Since the process of supervision often mirrors the process of therapy, there is a danger of blurring boundaries (Feiner, 2001). While the supervisee may be encouraged to be open and self-aware, the supervisee may be concerned that openness could have a negative effect on his or her grade (Copeland et al. 2011). Other conflicts emerge when the supervisor, who is responsible for supporting the supervisee, is also responsible for grading. It is important for the supervisor to discuss only issues that are pertinent to and affect the clinical work

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of their supervisee, and to steer clear of providing therapy (Feiner, 2001). Crossing this line would lead to an unethical dual relationship.

Professional supervision. Jackson (2008) surveyed music therapy professionals and found that 62 % of the 812 respondents reported that they did not receive professional supervision. Lack of access was cited as the main reason (Jackson, 2008). This means that more than half of the respondents may have been isolated in their ethical decision-making in the work place. In the field of counseling, Wheeler and King (2002) surveyed 70 supervisors and found that all but six received supervision for their supervision. Fifty-five percent reported they used the same supervisor for their supervision of others as they use in their clinical work. When asked what topics were raised in supervision of supervision, answers included the competence of the supervisee, boundaries and ethics.

Supervision is a delicate and involved process, and its potential for boundary violations and dual relationships warrant further exploration (Wheeler & King, 2000). Daveson and Kennelly (2011) pointed out an imbalance in the music therapy literature, where many more studies are focused on pre-professional supervision than on professional supervision. Many professionals cited lack of access as a reason for their non-existent supervision.

Boundary Violations and Dual Relationships

Boundaries are described by Chadda and Slonim (1998) as a spectrum of rules, some more subtle than others, which define what is considered indicative or contraindicative in the therapeutic relationship. Epstein (1992) saw boundary violations

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as any behavior that negatively affects the main task of treating the patient. These can include the use of touch, accepting gifts from clients, and therapist self-disclosure. While not all of these are inherently contraindicated, they all can lead to possible boundary violations (Dileo, 2000). Less severe boundary violations are referred to as boundary crossings (Guthiel & Gabbard, 1993); a psychologist may, for example, find it appropriate to attend a church service in the same congregation as a client. Similar boundary issues are present in music therapy supervision.

The term *dual relationship* is used to refer to any additional role outside of the assigned one that may create conflict (Dileo, 2001). Dual relationships in music therapy can include social relationships with clients outside of the therapeutic context, professional relationships like exchanging goods and services rather than money for therapeutic services, sexual relationships, and post-therapy relationships. Clipson (2005) explored dual and multiple relationships in psychotherapy, critiquing the American Psychological Association and its code of ethics for its lack of guidance in this area. He explained that without guidance, psychologists are left to their own devices and will be much more likely to make ethical errors than if they had more support. More guidance for on-site music therapy internship supervisors on the topic of boundaries and ethical dilemmas in supervision from educational institutions and professional supervisors could be helpful.

Sexual Boundary Violations in Academia and Supervision

Supervisors can be seen as the holder of knowledge in the eyes of a supervisee, and thus become an object of admiration (Dileo, 2000). This idealization has the potential

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to lead to ethical dilemmas. Studies in the field of psychology suggest that dual relationships within psychology supervision have been a problem. (Glaser & Thorpe, 1986; Lamb, Cantanzoro & Moorman, 2003; Lamb & Cantazaro, 1998; Pope, Levenson & Schover, 1979). Though these studies are from fields outside of music therapy, the frequency with which boundary issues appear to take place between supervisors and supervisees is a cause for concern, and points to a need for research among music therapists. In a nationwide survey of members of American Psychological Association Division 29, Pope et al. (1979) found that almost 10% of their 481 respondents reported some sexual contact with at least one of their professors. A higher percentage of female students (16.5%) reported sexual contact with their educators than male students (3%). Pope et al. also found that 75% of the women who reported having had sex with a professor also reported that they had had a relationship of the same nature with their clinical supervisor. Twenty percent of psychologists reported sexual contact with students or clients. However, some respondents did not indicate if they were a psychologist, clinical supervisor, or administrator at the time of the sexual relationship (Pope et al., 1979). In another study by Robinson and Reid in the field of psychology (1985) found that younger women were more likely to experience seduction and sexual contact during training than during their years as a professional. Almost half (48.1%) reported experiencing some sort of sexual seduction during their years as students. The majority of this was described as flirty (73%), joking (70%) or excessive attention (65%). They found that 13.6 % of the 287 females with doctorates in psychology had experienced sexual contact with teachers or supervisors. Thirty-eight percent of this sexual contact occurred with training supervisors (Robinson & Reid, 1985). In a survey by Glaser and Thorpe in

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the field of psychology (1986), 31% of 464 graduate students reported they had been recipients of sexual advances. Twenty-seven percent of these sexual advances were from educators whose primary role in the life of the graduate student was as clinical supervisor (Glaser & Thorpe, 1986). Bartell and Rubin pointed out that previous studies of sexual advances and relationships combined academia and supervision (1990). They also noted a need to discern whether supervisees who experience sexual misconduct within the supervisory relationship are more likely to repeat this behavior with their clients or supervisees. Though it may seem that a supervisor and supervisee are two consenting adults, the hierarchy and potential for exploitation never make these relationships consensual (Celenza, 2007).

Lamb et al. (2003) found that 3.5% of 368 practicing psychologists reported sexual relationships with clients, supervisees and students. Of those who reported such relationships, 11 were men and two were women. Seven professionals (1% of the total sample) reported a sexual boundary violation with a client, three professionals reported a violation with a supervisee and twelve (3% of the sample) reported a sexual boundary violation with a student (Lamb et al., 2003). A survey of former medical students (Recupero, Cooney, Rayner, Heru & Price, 2005) found that 7.7 % of the 118 respondents reported being asked out on a date by their supervisor. Twelve point one percent of the trainees reported being touched inappropriately by their supervisors, and 30.8 % reported that their supervisor dated another trainee in the program. Though all of this literature is beyond the field of music therapy and some of it is outdated, the continuous pattern of boundary issues (in this case sexual) creates a need for attention on this topic. If nothing else, increased awareness of the importance of healthy boundaries

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in supervisory relationships would serve as a deterrent for these potential problems in music therapy internship supervision.

Methods

Participants

The participants of this survey fit the criteria of being new professionals with 0-5 years of experience practicing music therapy on a graduate or undergraduate level, and having the MT-BC credential. This particular demographic was desirable because the details of the internship were relatively recent and therefore easier for participants to recall. The short time-frame also guaranteed a relatively current view of the boundary issues in internship supervision. Due to the fact that a survey of this nature was not previously done in the field of music therapy, it was difficult to estimate the necessary sample size. Expectations were low because of the small sample sizes observed in previous music therapy research studies on other topics. Time constraints on the study only allowed two weeks for the survey to be out. Current interns were not included because their internships are not complete, and this type of survey could disrupt their current experience.

Procedures

A consent form and link to an online survey was sent to prospective participants using a list from the Certification Board for Music Therapists (CBMT) after the survey had received IRB approval from Molloy College. A reminder email was sent about two weeks later. The consent form explained that the survey was completely voluntary and that participants could skip any questions they felt uncomfortable answering. It was further explained that the participants' identities would not be shared with anyone, even

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the researcher; that responses were completely anonymous; that responses would be destroyed once the data analysis was complete; and that some questions might be personal in nature and could cause some emotional discomfort. As a safeguard the respondents were encouraged to contact me and/or the faculty advisor if they had strong reactions or questions. If necessary, I was prepared to refer any respondents to a resource for outside support beyond what I and the faculty advisor could ethically provide. In the end, no participants required this support. Participants were provided with the Molloy Institutional Review Board Website address for further information on their rights as research participants.

Measures

This study was a cross-sectional survey. Part one included demographic information about the age, gender, and level of education of the participants and their former internship supervisors. Part two asked questions about boundary issues participants may have experienced during their music therapy internship supervision, including in whom they confided if boundary violations occurred. This survey was reviewed by five music therapists proficient in survey construction and research before it was finalized.

Data Analysis

Descriptive data analysis was performed using an analytical tool embedded in SurveyMonkey.com. Responses were analyzed and graphed based on numerical frequency and percentages. Additional data analysis was completed using Microsoft Excel. Data obtained were protected on the Survey Monkey website for the duration of the study, after which time they were destroyed. Only the researcher had access to these

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responses. The data were only used for statistical analysis and anonymous reporting of findings.

Results

A total of 1325 email invitations were sent out, 251 surveys were started and 243 surveys were completed. There was an overall return rate of 18.3%. Just fewer than 91% of the respondents were female, and the majority of respondents fell within the age range of 20-30 (84.5%). Information on the demographics of respondents is shown in Table 1.

Table 1

Demographics of Survey Respondents

Gender	# of Respondents	% of Respondents
Male	23	9.2%
Female	228	90.8
Age:		
20-30	212	84.5%
31-40	24	9.6
41-50	8	3.2
51-60	4	1.6
61+	3	1.2

Survey respondents were asked to provide information about when and where their internship took place; they were allowed to indicate more than one location if they had multiple sites during their internship. A total of 423 responses were provided to this question. Agencies serving people with developmental disabilities, hospices, medical

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hospitals, psychiatric hospitals, and schools accounted for 253 of the sites, or 59.8% of the total. Thirty-three responses (7.8%) were write-in answers: these included three pediatric hospitals, three pre-schools, and two eating disorder treatment centers.

Information about when and where the participants' internships took place is presented in Table 2.

Table 2

When and Where Internship Took Place

	# of Respondents	% of Responses
Time of Internship		
Less than a year ago	23	9.2%
1-2 years ago	102	40.6
3-4 years ago	91	36.3
4-5 years ago	35	13.9
Site of Internship		
Agency serving persons with developmental disabilities	41	9.2%
Community mental health center	13	3.0
Correctional facility	5	1.1
Day care treatment center	17	4.0
Drug and alcohol program	11	2.6
Halfway house	0	0.0
Hospice program	41	9.6
Medical hospital	80	18.9
Nursing home	32	7.5
Outpatient clinic	12	2.8
Private practice	26	6.1
Psychiatric hospital	39	9.2
Rehabilitative facility	21	4.9
School	52	12.2
Other	33	7.8

Note: Total number of respondents = 243. Total number of responses to site of internship = 423.

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Information about the gender, age and education level of the participants' supervisors was also gathered. Again, more than one answer was permitted if the participant had more than one supervisor. The majority of supervisors were female (86.0%) and more than half were between the ages of 31 and 50 (66.9%). The most common level of supervisor education was a master's degree (58.8%). Data on the demographics of supervisors as reported by respondents is presented in Table 3.

Table 3

Demographics of Supervisors as Reported by Respondents

	# of Respondents	% of Responses
Gender of Supervisor (251 responses)		
Male	35	14.0%
Female	215	86.0
Age of Supervisor (252 responses)		
20-30	39	15.5%
31-40	102	40.6
41-50	66	26.3
51-60	38	15.1
61+	6	2.4
Supervisor's Level of Education (251 responses)		
Undergraduate	86	34.4%
Masters	147	58.8
Doctorate	17	6.8

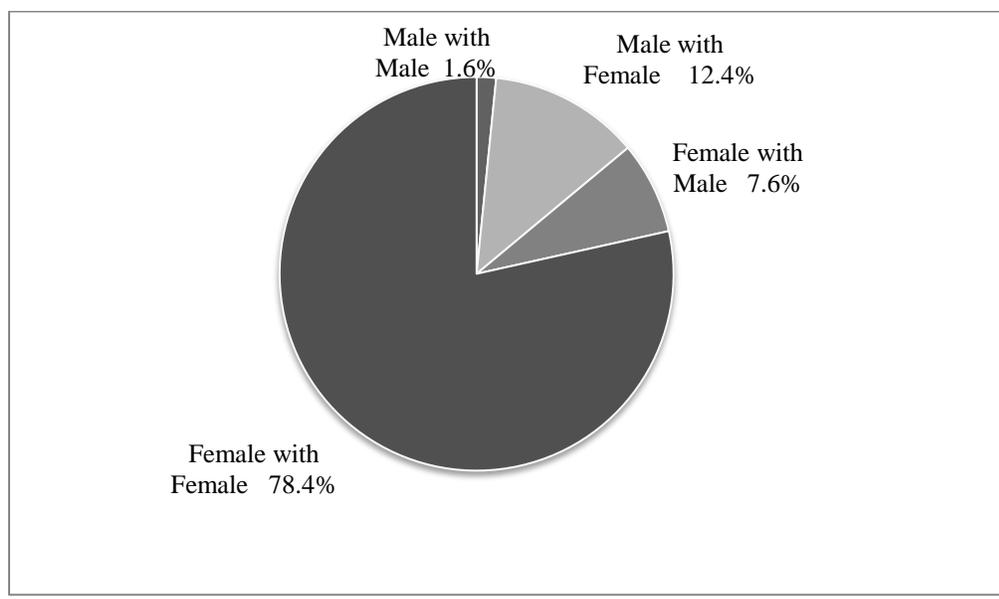
Figure 1 illustrates how respondents were paired with supervisors by gender, based on the 250 responses provided. The most common combination was female intern paired with female supervisor (196). Male interns were paired with female supervisors

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less frequently (31), and female interns with male supervisors even less often (19). Least common were male interns paired with male supervisors (4).

Figure 1.

Pairings of Respondents with Supervisors by Gender



Among undergraduate respondents, the majority (56.9%, or 99 of 174) were paired with master’s-level supervisors, while 36.8% (64) were paired with supervisors who had completed undergraduate training, and 6.3% (11) were paired with doctorate-level supervisors. Of the 73 masters-level respondents, 45 (61.7%) were paired with supervisors who had completed a master’s degree, 22 (30.1%) were paired with undergraduate-level supervisors, and six (8.2%) were paired with a supervisor who had completed a doctorate. Of the three doctorate-level respondents, all were placed with master’s level supervisors.

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Existence of Boundary Issues

The survey covered three contexts in which boundary issues may occur: social media, supervision time and the nature of the supervisory relationship.

Social media. A section of the survey was dedicated to boundary issues that may emerge in the context of a social media relationship. Participants were asked if they had a social media friendship (Facebook, Twitter, MySpace, Google Plus) with their supervisor during the course of their internship, and if so, who initiated it. Out of the 243 responses to this question, 63 respondents (25.9%) reported having had a social media connection with their supervisor. Of these, 61 replied to the question about where their internship was located; a large number (19, representing 30.2%) had interned in schools, and 13 (20.6%) had interned in private practice.

Slightly more than half of the participants who had formed a social media relationship with a supervisor (34 out of 63) indicated that they initiated the connection themselves. Twenty-seven people reported that their supervisor had been the initiator. All interns who were invited to participate in social media by a supervisor had accepted this invitation, and 25 of the 27 were female. Two respondents did not indicate who initiated the social media connection.

Participants with a social media relationship with their supervisor were asked to characterize the nature of that relationship by indicating whether it was active (they frequently used social media features to communicate directly with the supervisor), somewhat active (they observed posts and “liked” or made occasional comments) or passive (they observed but did not communicate with supervisor directly through the

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site). Out of the 132 people who responded to this question, only one described the relationship as active, while 33 were somewhat active, and 98 were passive.

Twenty six people indicated that direct messaging via social media was initiated by both the intern and supervisor; three said they initiated this type of communication, and three said that their supervisors initiated it. When asked about the general content of this communication, eight described it as internship-related, six reported the content to be personal matters and 12 reported that the communication covered both internship and personal matters.

The respondents who had a social media connection with their supervisor were asked if they ever discussed this connection in supervision; only 22 participants (32.4 % of people who provided a yes or no response) reported that they did. When their connection via social media was discussed in supervision, 12 reported it was done so positively, four discussed it negatively and four were unsure how it was discussed. Participants who had a social media connection with a supervisor were also asked about how they viewed this connection, and how they thought their supervisor viewed it. Responses to these questions are depicted in Figures 2 and 3.

Supervision time. Supervision was provided weekly to 176 participants (72.1%), while 55 (22.5%) reported having weekly supervision “most of the time”. Eleven (4.5%) participants reported “sometimes” having weekly supervision and two (0.8%) reported “never”. Over half (60.1%) of the 244 respondents had hour-long supervision sessions, 17.2 % (42) had 45-minute sessions, 18.4% (45) had 30 minute sessions, and 4.1% (10) had 15-minute or shorter sessions. Supervision was almost always held at a private

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location within the facility: 80.7% (197) of the participants said this happened in every supervision session.

Out of 242 responses to the question of whether or not the supervisor discussed his or her personal feelings towards the participant during supervision, slightly more than half (140 participants, or 57.9%) reported that this happened, while 102 (42.1%) said it did not. A subsequent question asked about the nature of the discussion, but was not restricted to those who had replied to the previous question, and a total of 150 people responded. This may indicate that some participants either mis-read or failed to reply accurately to the initial question. The majority (116, or 77.3%) characterized the discussion as “professional, geared toward my clinical growth or how we could work together better,” while 29 (19.3%) characterized it as “personal, geared toward my personal growth”. Only five described the discussion as “interpersonal, geared toward my relationship with him or her in a non-professional context.”

When asked if their supervisor discussed his or her personal feelings toward the intern during supervision, 109 of the 244 people who responded to this question (44.7%) replied “never.” An almost equal number (104, or 42.6%) replied “sometimes,” while 21 (8.6%) replied “always” and 10 (4.1%) replied “most of the time.” Fewer participants (201) replied to a follow-up question about the context of this discussion. Most (125, or 62.2%) said it was “always” grounded in the context of their clinical work and or personal growth. A smaller number replied that the conversation was grounded this way “most of the time” (17, representing 8.5% of responses), while 20 (10.0%) replied “sometimes” and 39 (19.4%) replied “never.”

Figure 2.

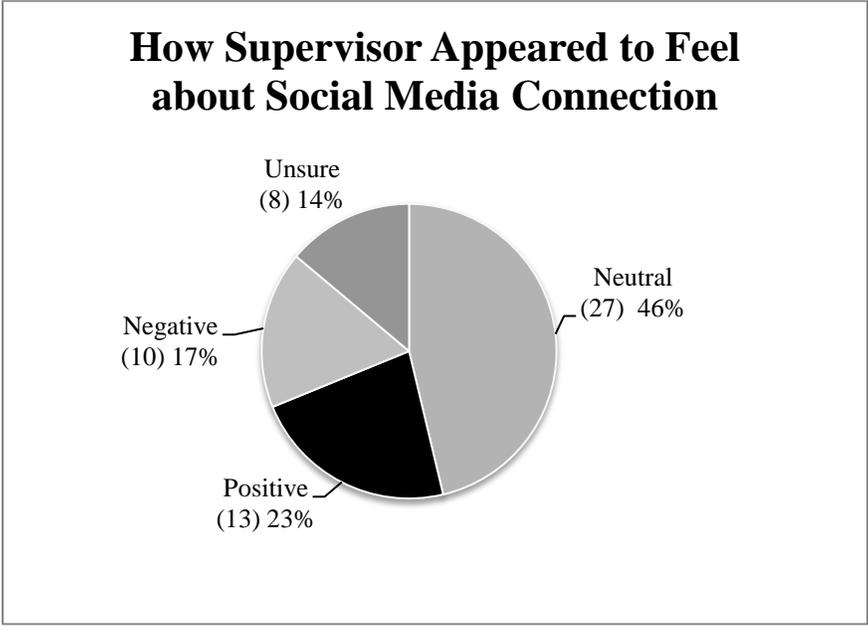
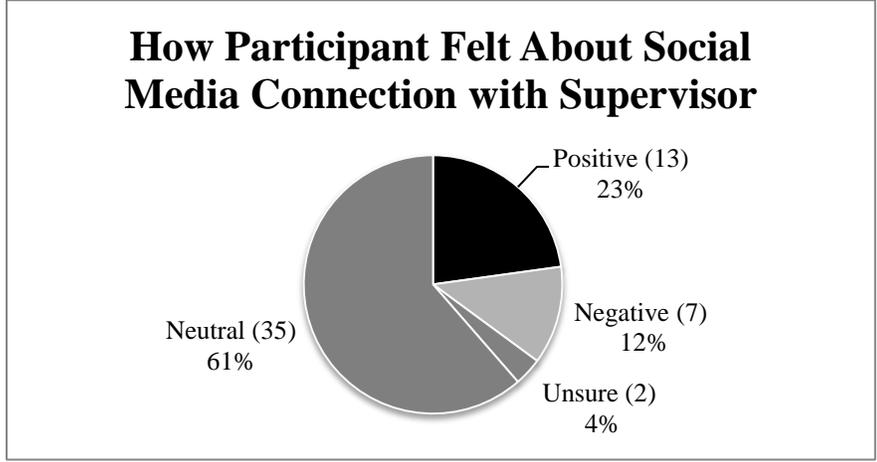


Figure 3.



Participants were asked how frequently certain topics were discussed during supervision. A summary of responses is provided in Table 4.

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Table 4

Topics Discussed During Supervision

	Always	Most of the time	Sometimes	Never
Supervisor addressed strategies pertaining to specific clients or groups	118 (48.4%)	92 (37.7%)	34 (13.9%)	0
Interns discussed their personal reactions about clinical work	96 (39.3%)	78 (32.0%)	66 (27.0%)	4 (1.6%)
Supervisor discussed his or her personal life	6 (2.5%)	10 (4.1%)	137 (56.1%)	91 (37.3%)

Nature of supervisory relationship. The final section of the survey was dedicated to boundary issues within and specific to the supervisory relationship. These questions were slightly more sensitive in nature.

Participants were asked about favors being asked by or of the supervisor. Out of 243 responses, 197 people (81.1%) reported that their supervisor never asked for a favor unrelated to the internship. Forty-two participants (17.3%) reported that their supervisor asked for a favor “one to two times” and four participants (1.6%) reported “monthly” requests for favors. When asked whether they themselves had asked a favor of a supervisor unrelated to the internship, one participant reported asking weekly, 33 reported making a request “one to two times”, none reported “monthly”, and 209 (the majority, at 86.0%) reported “never”.

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Respondents were asked about three other boundary violations: if their supervisor ever made a seemingly offensive remark such as name-calling, a racial or ethnic slur, a sexist remark, a remark based on sexual orientation, or a remark based on religion; if their supervisor had ever raised his or her voice; and whether the supervisor had ever commented in either a positive or negative way about the intern's body. Results of these questions are summarized in Table 5. The vast majority of responses indicate that none of these boundary violations are common within music therapy supervision. It was not possible to ascertain whether the boundary violations reported represent a few interns who experienced multiple violations, or several interns who each experienced an occasional violation.

Table 5

Boundary Issues by Frequency

Boundary Issues	Never	Once or Twice	Monthly	Weekly
Supervisor asked intern for favors	196	42	4	0
Intern asked supervisor for favors	208	33	0	1
Supervisor made a seemingly offensive remark	231	8	2	1
Supervisor raised voice to intern	223	14	4	1
Supervisor made comment on intern's body	225	16	0	1

Note: 242 responses were received to each question

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Responses about specific boundary issues were cross-tabulated with data about who initiated the social media relationship. These data are presented in Table 6.

A higher percentage of undergraduate students initiated social media relationships (79.4% or 27 respondents) than masters students (20.6% or seven respondents). No doctoral level participants reported initiating a social media friendship.

Further cross-tabulations were performed to explore whether specific boundary violations are tied to gender. Female supervisors were asked for favors unrelated to the internship more frequently than males, while a higher percentage of male supervisors were reported to have raised their voices to interns. These results are displayed in Table 7. Male interns were asked for unrelated favors by their supervisors more frequently than females. The male interns also asked for more unrelated favors of their supervisors than their female constituents. They also reported a slightly higher incidence of occasional offensive remarks, though the number of responses to this question was small enough that results may not be statistically significant. Data on boundary violations by gender of the intern are in Table 8.

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Table 6

Frequency of Boundary Issues: Origin of Social Media (SM) Relationship

	Intern Initiated SM Relationship (n=31)	Supervisor Initiated SM Relationship (n=25)	No SM Relationship (n=187)
Supervisor asked for favors 1-2 times	16.1% (5)	32.0% (8)	10.8% (20)
Intern asked for favors 1-2 times	6.4% (2)	20.0% (5)	13.9% (26)
Supervisor made seemingly offensive remark 1-2 times	9.6% (3)	8.0% (2)	10.6% (28)
Supervisor raised voice 1-2 times	3.2% (1)	16.0% (4)	10.6% (28)
Supervisor made comment on intern's body 1-2 times	6.4% (2)	16.0% (4)	14.4% (27)

Table 7

Frequency of Boundary Violations by Gender of Supervisor

	Male Supervisor (n=34)	Female Supervisor (n=207)
Supervisor asked for favors 1-2 times	11.8% (4)	18.3% (38)*
Intern asked for favors 1-2 times	11.8% (4)	13.9% (29)*
Supervisor made a seemingly offensive remark 1-2 times	0.0% (0)	3.9% (8)
Supervisor raised voice 1-2 times	11.8% (4)	4.8% (10)
Supervisor commented on intern's body 1-2 times	2.9% (1)	7.2% (15)

*n=208

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Table 8

Frequency of Boundary Violations by Gender of Intern

	Male Intern (n=23)	Female Intern (n=219)
Supervisor asked intern for favors 1-2 times	30.4% (7)	15.9% (35)*
Intern asked supervisor for favors 1-2 times	26.1% (6)	12.3% (27)*
Supervisor made a seemingly offensive remark 1-2 times	8.7% (2)	2.7% (6)
Supervisor raised voice to participant 1-2 times	8.7% (2)	5.5% (12)
Supervisor commented on intern's body	8.7% (2)	6.4% (14)

*n=220

Participants were asked if they had confided in someone if their supervisor made a seemingly offensive remark, raised his/her voice, or commented on the intern's body. Of the 34 responses, 24 people indicated they had spoken about the boundary violation and 10 had not. Participants who reported confiding a boundary violation said they told a close friend (16), a family member (10), a spouse or significant other (9), an academic supervisor from another college or university (9), and one respondent wrote-in "other supervisor". It is unclear why more people responded to the question of *in whom* they confided (45) than affirmed that they confided in someone at all (34). Possible reasons include that participants mis-read one or both questions, or that they were indicating in whom they confided about some kind of boundary violation that was not specified in the survey.

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Another group of questions pertained to the issue of off-site socializing between the supervisor and intern. Twenty four respondents (10.0%) reported they had invited their supervisor to coffee, dinner, drinks or other social outings; 217 (90.0%) said they had not. Of the 24 who had taken the initiative to invite their supervisor out, 21 said their supervisor accepted the invitation. In contrast, more interns (77 of the 242 people who answered this question) had received an invitation by their supervisor to go for coffee, dinner, drinks or other social outings. However, most responses (165, or 68.2%) indicated a supervisor had never extended a social invitation.

Of the interns who were invited out by a supervisor, almost all (75) accepted the invitation; only eight declined. It is unclear why the number of responses to the follow-up question (75 accepted plus 8 declined invitations, for a total of 83 responses) was greater than the initial question of whether or not an invitation from a supervisor had been made (77). No questions were asked about the content of discussion during the off-site social outing, or whether or not the participant felt this invitation was inappropriate. Furthermore, 79.2% of those who invited their supervisor on a social outing were also invited on a social outing with the supervisor. The data do not indicate which invitation occurred first. Cross-tabulation of social media participation with social outings is summarized in Table 9.

Cross-tabulation of results revealed some differences in how participants responded to the questions on boundary violations if he or she had invited or been invited by a supervisor on a social outing. These results are presented in Table 10. Summary data for all responses are also included, to permit comparison of data.

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Table 9

Social Media Participation and Invitations for Social Outings

	Intern Initiated Social Media Relationship (n=31)	Supervisor Initiated Social Media Relationship (n=25)	Participants Without Social Media Relationship (n=225)
Intern invited supervisor out socially	9.7% (3)	32.0% (8)	5.8% (13)
Supervisor invited intern out socially	25.8% (8)	76.0% (19)	22.2% (50)

Table 10

Comparison of Frequency of Responses Based on Who Initiated a Social Outing

	Intern Initiated Social Outing	Supervisor Initiated Social Outing	All Responses (with and w/out social outings)
Reported “passive” participation in social media connection	53.3%	62.7%	74.4%
Supervisor “never” made offensive remark	100	96.1	95.4
Supervisor “never” raised voice	95.8	92.2	92.1
Supervisor “never” made comment about body	91.7	89.6	92.9

Respondents who gave or received invitations to social outings were disproportionately concentrated in several types of internship locations. Relative to the overall base of respondents, participants who invited their supervisors out or who received social invitations from a supervisor were more likely to have an internship based

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in an agency serving persons with developmental disabilities, in private practice, or in a school. They were less likely than the norm to be based in a medical or psychiatric hospital.

No respondent reported initiating a sexual relationship with a supervisor. One respondent reported that a supervisor initiated a relationship of this nature. Through cross-tabulation, while still keeping the respondent anonymous, it was observed that the other responses from this person were inconsistent with this one answer. It may have been an error made on the part of the participant.

Table 11

Internship Locations of Respondents Who Gave or Received Social Invitations

Location of Internship	# Who Gave or Received Social Invitation	As a % of Interns Reporting this Type of Site	# Who Did Not Give or Receive Social Invitation	As a % of Interns Reporting this Type of Site
Agency serving persons with developmental disabilities	20	65.0%	14	35.0%
Medical hospital	25	32.1	53	67.9
Private practice	18	69.2	8	30.8
Psychiatric hospital	15	40.5	22	59.5
School	31	60.8	20	39.2

Male interns were less likely than females to ask supervisors out socially or have invitations extended to them. Only one male intern asked his supervisor out socially,

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though 23 women (10.6% of the women answering this question) invited their supervisor to a social outing. Similarly, while 33.3% of female interns were asked to go out in a social manner by their supervisor, only 17.4 % of male interns reported such an occasion.

Additional Comments. Survey respondents were permitted to provide additional comments at the end of the survey. Forty-seven people chose to do so. From these comments many themes emerged. Many responses were exceedingly positive. Thirteen respondents described their supervisors as “professional”. Five described the boundaries in their supervisory relationships as clear and appropriate. One person described his or her supervisor as having a “high ethical standard”. Two reported having a previously-established social relationship with their supervisor. One person indicated a social media contact with the supervisor was established after the internship had concluded. Four respondents provided additional information on their outings with their supervisors: one was a congratulatory event following the successful completion of the internship, one was strictly in a group setting, one was work related, and one involved spending time with the supervisor’s family. Four people noted they had multiple supervisors during their internship experience.

Five respondents shared challenging experiences. One described a supervisor who was unable to help the respondent process a difficult clinical experience in a way that would have brought greater “self-awareness” and instead attempted to provide “comfort”. Another person told of a situation in which a fellow intern misrepresented her, and in which the supervisor did not respond with fair and equitable treatment. One commenter felt that his or her supervision was rooted in “emotion” rather than “facts and education”. Another said that his or her supervisor “breached boundaries constantly”.

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Skipped questions. Respondents were given the option to skip questions that made them uncomfortable. With the exception of the demographic questions, each question was skipped at least once. Some questions did not provide a non applicable or “N/A” and follow up questions to matters that didn’t apply to all were posed to each participant. No skipping mechanism was applied in the survey. Table 12 shows the number of times each question was skipped.

Table 12

<i>Skipped Questions</i>	
Question # and subject of question	# of skips
1. Gender	0
2. Age	0
3. Level of education	0
4. Time of internship	0
5. Facility of internship	0
6. Gender of supervisor	1
7. Age of supervisor	0
8. Supervisor’s level of education	1
9. Initiating social media relationship with supervisor	1
10. Supervisor’s response to invitation	2
11. Supervisor initiating social media relationship	1
12. Intern’s response to invitation on social media	5
13. Characterization of social media interaction (no N/A option)	119
14. Content of social media communication (no N/A option)	26
15. Which party initiating direct communication on social media (no N/A option)	27
16. Discussion of social media during supervision	13
17. How supervisor appeared to feel about social media connection	13
18. Intern’s feelings on social media connection	14
19. How social media was discussed during supervision (negatively, positively etc)	13
20. Consistency of supervision sessions	7
21. Average length of supervision sessions	7
22. How often supervision was held at private location in facility	7
23. Supervisor addressed clinical strategies in supervision	7
24. Intern discussing personal reactions toward clinical work during supervision	7
25. Supervisor addressed intern’s personal feelings toward him/her in supervision	7
26. Characterization of this discussion	50
27. Supervisor addressing his/her personal feelings toward intern in supervision	9
28. Characterization of this discussion	17

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Question # and subject of question	# of skips
29. Supervisor discussing personal life during supervision	8
30. Supervisor asking intern unrelated favors	8
31. Intern asking supervisor unrelated favors	8
32. Supervisor making seemingly offensive remark to intern	9
33. Supervisor raising voice to intern	9
34. Supervisor making comment on body	9
35. Intern confiding information to anyone	13
36. Who intern confided in	24
37. Invited supervisor out socially	10
38. Supervisor response to invitation	12
39. Supervisor inviting intern out socially	9
40. Intern's response	9
41. Intern initiating sexual relationship with supervisor	9
42. Supervisor initiating sexual relationship with intern	9
43. Intern confiding information to anyone	13
44. Who intern confided in	25
45. Additional comments	204

Discussion

The purpose of this research study was to examine boundary issues in music therapy internship supervision. Four research questions were posed:

- 1) Are there boundary issues (or challenges) between music therapy students and their clinical on-site supervisor during internship?
- 2) How frequently are these boundary issues (or challenges) occurring?
- 3) What kinds of boundary issues (or challenges), if any, have occurred between music therapy students and their clinical onsite supervisors during internship?
- 4) What factors may contribute to the prevalence of these boundary issues (or challenges)?

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Existence and Frequency of Boundary Issues

This study found that boundary issues do currently exist within supervisory relationships, but at a relatively low frequency. Certain issues, notably social media connections and outings beyond the internship site were more common than others. These topics have not been explored in the literature, which focuses largely on sexual boundary violations within the field of psychology (Glaser & Thorpe, 1986; Levensen & Shover, 1979; Lamb & Cantazaro, 1998; Lamb et al., 2003) and medicine (Recupero, 2005). However this study found the frequency of sexual boundary issues to be extremely low within music therapy supervision; only one person reported this problem, and that response appears to be of questionable validity. The unexpectedly sharp difference in results between music therapy and psychology may be explained in part by differences in gender distribution within the American Music Therapy Association (AMTA) and the American Psychological Association (APA). The AMTA's 2011 annual report indicates its membership is 90% female and 10% male, which makes the possibility of heterosexual boundary issues less likely than in the APA, where the gender distribution reported for 2012 was 43% male and 57% female. The gender distribution of the participants in this study matched the distribution in the AMTA almost exactly.

Social media. Approximately one quarter of the participants surveyed had a social media relationship with a supervisor. The data show a higher incidence of boundary issues when such a relationship existed, and a notably higher incidence when the social media relationship had been initiated by the supervisor. For example, only 10.8% of participants who did not have a social media relationship reported being asked for favors by their supervisor; this number jumped to 16.1% among interns who had initiated a

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social media relationship, and 32.0% when the supervisor had made the invitation. A similar pattern was evident with “seemingly offensive remarks” made by supervisors, though the frequency of offensive remarks remained very low (one or two). However, some boundary violations, including whether the supervisor had ever raised his or her voice when correcting a participant or made a comment about the participant’s body, showed virtually no differential between an intern-initiated social media relationship and no social media relationship at all. Substantial differences were consistently noted in boundary violations when the social media relationship was supervisor-initiated. This most likely reflects the influence of the power imbalance inherent in the supervisory relationship (Dileo, 2001). The initiation of a social media friendship by a supervisor had a much greater effect on the incidence of boundary issues.

Interns who had a social media relationship with their supervisor also received more invitations and extended more invitations for social outings. While a passive-use social media connection may fall in the category of a boundary crossing rather than boundary violation, separate social relationships are dual relationships, and are therefore considered ethically counter-indicated. This survey did not probe the extent to which social outings between participants and their supervisors were regular events or one-time occurrences, whether dual relationships were actually present, or the circumstances of such outings. Nonetheless, the data are clear that social invitations were more common when the supervisor had initiated the social media relationship, and that a social media connection -- even when used sparingly and passively -- appears to be correlated with a higher incidence of other boundary violations. It may therefore be advisable for institutions and facilities which host interns to establish clear policies limiting or

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prohibiting supervisors from initiating this type of relationship. Educational institutions and training sites should also set clear guidelines for their interns, either banning social media relationships with supervisors altogether, or setting clear boundaries on what constitutes ethical behavior (Myers, et al., 2012). Larger boundary issues often begin with much smaller, seemingly innocuous boundary issues (Simon, 1989). While that does not seem to be the case in this study, the variety of boundary violations explored was relatively small.

Influencing Factors of Boundary Issues

Many factors were explored which might influence the frequency of boundary violations. The age of the intern and supervisor, frequency of supervision, location of supervision, and length of supervision made no noticeable difference on the frequency of boundary violations. The factors which appeared to have the greatest influence were having a social media connection initiated by the supervisor and the gender of both the intern and supervisor.

Level of education of intern. Undergraduate students initiated social media relationships with a supervisor more often than masters or doctoral students. This may reflect a more open concept of social media boundaries among undergraduates. A higher percentage of those in the 18-29 age range use social media (89%) than in the 30-49 age range (78%), the 50-64 age range (60%) and the 65 and older age range (40%) (Brennar & Smith, 2013).

Gender of supervisor. The data showed a higher percentage of female supervisors invited their interns out socially. This may indicate that female and male

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supervisors have a different understanding of the ethical significance of social outings with interns. Alternatively, given that 90% of the interns in this study were female, it could be surmised that male supervisors were more closely attuned to the possible impropriety of having coffee or dinner with their students. It is also important to note again that the field of music therapy is disproportionately female at 90% to 10% male (AMTA, 2011).

Limitations of the Study

Though 251 responses to this survey provided substantial data, the ratio of men to women in the field of music therapy meant that relatively few responses from men were obtained. To have confidence in the results, it would be preferable to have a larger pool of data.

The survey may have returned more accurate results if the survey design had been more restricted, allowing only those who answered affirmatively to one question to answer the follow-up questions. The existing design allowed all participants to answer all questions, with the result that in some instances the follow-up question had more responses than the initial question. Similarly, questions which were not applicable to a given reader were often skipped, especially if no N/A option was available. The question asking about the level of activity within the social media relationship, for example, was skipped 119 times. Certain questions were flawed in nature; question number 17 lacked gender neutrality, reading, "How did your supervisor appear to feel about your connection with him via social media?" making the question seem leading to some respondents.

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The study asked about a limited number of types of boundary issues, and did not explore many varieties of dual relationships. Furthermore, it did not fully explore the nature of the social invitations, nor ask how frequently these occurred. Comments at the end of the survey included several that were obviously intended to clarify that the participant believed the social outing fell within the bounds of propriety (post-internship congratulations, attending an event with the supervisor's family). No input was sought on what boundaries, if any, were communicated to interns by the institution at which they interned, so no recommendations for specific changes to policies can be made.

Another possible limitation of this study is that interns who experienced more severe boundary issues may no longer be in the field of music therapy, and therefore would not have participated. Furthermore, many questions were skipped, and not just the questions that were critiqued in the comment section or in email. For ethical reasons, respondents were permitted to skip questions that they found to be uncomfortable to answer. Aside from the demographic information, every single question in the survey was skipped at least once. This limits the study because important data may have been left out.

Recommendations for Future Research

There are many ways this survey can be improved if it is repeated or expanded in the future. Automatically skipping questions which are not applicable and making each question gender neutral may provide more information. Future research could provide more in-depth numerical data analysis, in order to provide more conclusive information on boundary issues in music therapy internship. The statistical significance of the

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findings is currently unknown, and although there appeared to be correlations in the data, more analysis would be needed to prove causation.

Future research could also survey internship supervisors, to explore this important issue from the opposite direction.

Though this study has provided an important first step in examining the current state of boundary issues in music therapy internship supervision, it is my hope that more studies will be conducted on this topic. This information could have a positive effect on the establishment of healthy boundaries in music therapy internship supervision and the development of a high ethical standard among all new music therapists.

This research was done with the intention of highlighting the need for further research on boundaries in music therapy internship supervision. It is my hope that this study will inspire more investigation into this nearly untouched but important topic.

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Appendix A**Invitational Email and Informed Consent**

Dear Music Therapist,

My name is Michelle Lasco. As a part of the requirement for my music therapy graduate thesis course at Molloy College, I am conducting a research study called *Boundary Issues in Music Therapy Internship Supervision: A Survey*.

The purpose of this study is to research the prevalence and frequency of boundary issues in supervision of music therapy internships. This study could be beneficial to the field of music therapy by increasing awareness of the importance of establishing healthy boundaries in internship supervision. Taking this survey may help you gain better insight into your internship experience. This study and data analysis will take place from June 2013 to August 2013.

To participate in this study you must

- Be a music therapy professional with the MT-BC credential

- Have practiced from 0-5 years in the field of music therapy at either a graduate or undergraduate level

If you meet these criteria and are willing to participate in this study I invite you to take this survey.

Part one of the survey includes requests for information relating to you and your former supervisor, specifically age, gender and level of education. Part two will ask you about boundary issues that you may or may not have experienced during your music therapy internship supervision. Questions will also address supervision time, as well as where you may have gone for counsel and support during your internship about boundary issues. The survey should only take about 15-25 minutes to complete.

The data will be securely stored on Survey Monkey's website, with access granted only to the researcher. Survey Monkey will be configured to keep all of your responses anonymous. Once the research is complete, your data will be deleted from Survey Monkey's server and the researcher will no longer have access your responses. Please be advised that some of the questions in this survey are personal in nature. You will be allowed to skip any question that causes discomfort.

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Please feel free to contact me or my faculty advisor (information below) if you wish to receive the results of the study, have questions or concerns, or need a referral for outside support. If you have further questions about your rights as a research participant please visit the Molloy Institutional Review Board website at [http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-\(irb\)](http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-(irb)).

Please note that participation in this study is completely anonymous and voluntary. There is no compensation for completing the survey. You can withdraw from the study at any time by not completing the survey. Clicking on the link below indicates your understanding of this consent form, as well as your consent to participate in this survey study.

<https://www.surveymonkey.com/s.aspx>

If you would not like to participate in this survey click here:

<https://www.surveymonkey.com/optout.aspx>

Thank you for your time and consideration,

Michelle Lasco MT-BC

Molloy College

Mlascomt09@gmail.com

Faculty Advisor

John Carpente, PhD, MT-BC, LCAT, NRMT

Molloy College

Tel: 516-678-5000, ext. 6757

jcarpente@molloy.edu

6-24-13

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APPENDIX B**Survey Questions**

DEMOGRAPHIC INFORMATION

1. Please select your gender

Male

Female

2. How old are you?

20-30

31-40

41-50

51-60

61+

3. What is your highest level of education?

Undergraduate

Masters

Doctorate

4. Approximately when did your internship take place?

Less than a year ago

1-2 years ago

3-4 years ago

4-5 years ago

5. At what sort of site or facility did your internship take place? (you make select more than one if you had more than one site)

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

- Agency serving persons with developmental disabilities
- Community mental health center
- Correctional facility
- Day care treatment center
- Drug and alcohol program
- Halfway house
- Hospice program
- Medical hospital
- Nursing home
- Outpatient clinic
- Private practice
- Psychiatric hospital
- Rehabilitative facility
- School
- Other (please specify):

6. What is the gender of your internship supervisor

- Male
- Female

7. What is the approximate age of your internship supervisor?

- 20-30
- 31-40
- 41-50

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51-60

61+

8. What is your internship supervisor's highest level of education?

Undergraduate

Masters

Doctoral

9. During your internship, did you ever initiate friendship with your supervisor via social media (Facebook, Twitter, MySpace, Google Plus, etc.)?

Yes

No

10. Did your supervisor accept your invitation?

Yes

No

N/A

11. During your internship, did your supervisor ever initiate a friendship with you via social media (Facebook, Twitter, Myspace, Google Plus, etc.)?

Yes

No

12. Did you accept your supervisor invitation?

Yes

No

N/A

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13. How would you characterize your interaction with your supervisor on a social networking site?

Active (frequently used social media features to communicate directly with supervisor)

Somewhat Active (observed posts and “liked” or made occasional comments)

Passive (observed but did not communicate with supervisor directly through the site)

14. If you used social media to directly communicate with your supervisor, what was the general content of your communication?

Internship-related matters

Personal matters

Both internship and personal matters

Did not use social media to directly connect with supervisor

15. Who initiate online conversations when you had direct contact with your supervisor via social networking?

I did

My supervisor did

We both did

No dialogue was ever initiated

16. Did you ever discuss your social media connection with your supervisor during supervision?

Yes

No

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

N/A

17. How did your supervisor appear to feel about your connection to him via social media?

Neutral

Positive (Felt it enhanced our working relationship)

Negative (Felt it detracted from or confused our working relationship)

Unsure

N/A

18. How did you feel about your connection to your supervisor via social media?

Positive (Felt it enhanced our working relationship)

Negative (Felt it detracted from or confused our working relationship)

Unsure

N/A

19. How was your connection via social media discussed during supervision?

Negatively

Positively

Unsure

N/A

20. Did you meet with your supervisor on a consistent and weekly basis?

Always

Most of the time

Sometimes

Never

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

21. On average how long was each supervision session?

- One hour
- 45 minutes
- 30 minutes
- 15 minutes or less

22. How often was your supervision held at a private location within the facility (e.g. office, session room)?

- Every Supervision
- Monthly
- 1-2 times
- Never

23. How often did your supervisor address strategies pertaining to specific clients and/or groups in supervision?

- Always
- Most of the time
- Sometimes
- Never

24. Did you discuss your personal reactions and feelings about clinical work during supervision?

- Always
- Most of the time
- Sometimes
- Never

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

25. Did your supervisor address your personal feelings towards him/her in supervision?
- Always
 - Most of the time
 - Sometimes
 - Never
26. If you discussed your personal feelings towards your supervisor during supervision, was the discussion grounded within the context of your clinical work and/or personal growth?
- Always
 - Most of the time
 - Sometimes
 - Never
27. Did your supervisor ever discuss his or her personal feelings towards you during supervision?
- Always
 - Most of the time
 - Sometimes
 - Never
28. If so how would you characterize this discussion?
- Profession, geared toward my clinical growth or how we could work together better
 - Personal, geared toward my personal growth

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

Interpersonal, geared toward my relationship with him or her in a non-professional context

We never had a discussion

29. Did your supervisor ever discuss his/her personal life during supervision time?

Always

Most of the time

Sometimes

Never

30. How often did your supervisor ask you for favors unrelated to your internships site?

Weekly

Monthly

1-2 times

Never

31. How often did you ask your supervisor for favors unrelated to your internship site?

Weekly

Monthly

1-2 times

Never

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

32. How often did your supervisor make a seemingly offensive remark to you (e.g. name calling, racial or ethnic slur, sexist remark, remark based on sexual orientation, remark based on religion)?

Weekly

Monthly

1-2times

Never

33. How often did your supervisor raise his or her voice when speaking to your while giving feedback in supervision or in immediate response to a mistake?

Weekly

Monthly

1-2 times

Never

34. How often did your supervisor comment on your body (in a positive or negative manner e.g. “you have a great figure” or “did you gain weight”)?

Weekly

Monthly

1-2 times

Never

35. If you answered “weekly”, “monthly” or “1-2” times to any of the previous questions, did you confide this information to anyone?

Yes

No

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

N/A

36. If yes, in whom did you confide this information to (you may select more than one option if you confided in more than one person)?

Family member

Close friend

A therapist

Spouse/significant other

Academic supervisor from college or university

N/A

Other (please specify) _____

37. Did you ever invite your supervisor to go out (e.g. dinner, coffee, drinks, etc.) ?

Yes

No

38. If yes, did he/she accept your invitation?

Yes

No

N/A

39. During your internship, did your supervisor ever invite you to go out socially (e.g. dinner, coffee, drinks etc.)?

Yes

No

40. If yes did you accept his/her invitation?

Yes

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

No

N/A

41. Did you ever initiate a relationship with your supervisor that was sexual in nature?

Yes

No

42. Did your supervisor ever initiate a relationship with you that was sexual in nature?

Yes

No

43. If you answered yes to either of the previous questions, did you confide this information to anyone?

Yes

No

N/A

44. If yes, to whom? (you may select more than one option if you confided in more than one person)

Family member

Close friend

A therapist

Spouse/significant other

Academic supervisor from college or university

N/A

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

___ Other (please specify) _____

45. Any additional comments:

BOUNDARY ISSUES IN INTERNSHIP SUPERVISION

APPENDIX C

Reminder Email

Dear Music Therapist,

One week ago you were sent an invitational email to complete the survey entitled Boundary Issues in Music Therapy Internship Supervision: A Survey. This email is a reminder to invite you to complete the survey if you:

- Are a music therapy professional with the MT-BC credential
- Have practiced for 5 years or less in the field of music therapy at a graduate or undergraduate level

As stated in the previous email regarding this study, the purpose of this study is to research the prevalence and frequency of boundary issues in internship supervision. This study could be beneficial to the field of music therapy by increasing awareness of the importance of establishing healthy boundaries in internship supervision. Taking this survey may help you gain better insight into your internship experience. This study will take place from June 2013 to August 2013.

Part one of this survey includes requests for information relating to you and your former supervisor, specifically age, gender, and level of education. Part two of the questionnaire will ask you about boundary issues that you may or may not have experienced during your time under music therapy internship supervision. Questions will also address supervision time as well as where you may have gone for counsel and support during your internship if you had experienced any of these boundary issues. This survey should take about 15-25 minutes to complete.

The data will be securely stored on Survey Monkey's website, with access granted only to the researcher. Survey Monkey will be configured to keep all of your responses anonymous. Once the research is completed, the data will be deleted from Survey Monkey's server and the researcher will no longer have access to your responses. Please be advised that some questions in this survey are personal in nature and can be skipped if you feel uncomfortable answering them.

Please feel free to contact me or my faculty advisor (information below) if you wish to receive the results of the study, have questions or concerns, or need a referral for outside support. If you have further questions about your rights as a research participant please visit the Molloy

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Institutional Review Board website at [http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-\(irb\)](http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-(irb)).

Please note that participation in this study is completely voluntary. There is no compensation offered for completing this survey. You can withdraw from the study at any time by not completing the survey. Clicking on the link below indicates your understanding of this consent form, as well as your consent to participate in this survey study.

<https://www.surveymonkey.com/s.aspx>

If you do not want to participate please click here:

<https://www.surveymonkey.com/optout.aspx>

Thank you for your time and consideration,

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