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James Hiller

Courtney Belt

Susan Gardstrom

Joy Willenbrink-Conte

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## SAFEGUARDING CURRICULAR SELF-EXPERIENCES

Safeguarding Curricular Self-Experiences in Undergraduate  
Music Therapy Education and Training

James Hiller, PhD, MT-BC

Courtney Belt, MA, MT-BC

Susan Gardstrom, PhD, MT-BC

Joy Willenbrink-Conte, MA, MT-BC

University of Dayton

**Author Note**

Correspondence concerning this article should be addressed to James Hiller, Department of Music, 300 College Park Ave., Dayton, OH. 45469-2946.

Email: [jhiller1@udayton.edu](mailto:jhiller1@udayton.edu)

James Hiller, PhD, MT-BC is Coordinator of Undergraduate Music Therapy at the University of Dayton and has provided music therapy in a wide range of clinical contexts. Courtney Belt, MA, MT-BC is a lecturer in the undergraduate music therapy program at the University of Dayton with clinical experience in mental health care and with people with intellectual and developmental disabilities.

Susan C. Gardstrom, PhD, MT-BC has practiced in adolescent and adult mental health and school settings and currently serves as Coordinator of Graduate Music Therapy at the University of Dayton.

## SAFEGUARDING CURRICULAR SELF-EXPERIENCES

Joy Willenbrink-Conte, MA, MT-BC is a lecturer in the undergraduate music therapy program at the University of Dayton with a clinical background centered in mental health care.

### **Abstract**

The purpose of this paper is to put forth a model to support the psychological safety of undergraduate students as they engage in a form of experiential learning called *self-experiences*. Self-experiences pair active engagement in learning episodes with learner self-inquiry. The need to safeguard curricular self-experiences is grounded in the American Music Therapy Association's *Professional Competencies* and *Code of Ethics* and the Certification Board for Music Therapists' *Board Certification Domains*. We first explicate several types and benefits of self-experiences and identify potential risks and contraindications that may compromise learners' psychological safety and even cause harm. Next, we describe the steps we took in developing the model and gaining administrative approval. We outline major tenets and describe specific safeguarding practices at various levels of implementation. We offer a hypothetical vignette to contextualize the information, address certain challenges in implementing this model, and offer recommendations for future research related to undergraduate experiential learning. Educators, clinical trainers, and supervisors who employ self-experiences are encouraged to implement safeguards toward upholding professional ethics and supporting learners' personal and professional development.

*Keywords:* experiential learning, self-experiences, music therapy education, psychological safety, psychological harm.

## **Safeguarding Curricular Self-Experiences in Undergraduate Music Therapy**

### **Education and Training**

The purpose of this paper is to put forth a model created primarily to support the psychological safety of undergraduate students as they engage in experiential learning—more specifically, in self-experiences. Self-experiences (SEs) are those educational experiences involving “both active engagement in the learning process and some form of self-inquiry” (Bruscia, 2013, Ch. 1. Self-experiences in the Pedagogy of Music Therapy, para. 1). Active engagement often takes the form of participation in the four music therapy methods of listening, performing, composing, and improvising (Bruscia, 2014a). Self-inquiry takes many forms, such as journaling, writing papers and self-critiques, creating art, and dialoguing with others about one’s inner experiences.

We are educators and clinical supervisors<sup>1</sup> in an undergraduate training program in the United States. Most music therapy students at our midwestern university identify as women and fall between the ages of 18 and 23 years. Our primary pedagogical aim is to help students attain competence as clinicians, which we believe can be achieved by (a) gaining cognitive (intellectual), somatic (embodied), and affective (emotional) understanding of the four methods of music therapy (Bruscia, 2014a); (b) deepening empathic capacity; and (c) developing self-awareness. In accordance with other pedagogues and findings from related research, we hold that these particular aims can be only partially addressed through didactic instructional means (e.g., lectures, assigned

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<sup>1</sup> Henceforth, we use the term *instructor* to connote music therapy educators, clinical trainers, and supervisors. We use the term *student(s)* and *learner(s)* synonymously.

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readings). As such, we add to our instruction various forms of experiential learning, including SEs.

SEs are not without intrapersonal and interpersonal risks, and establishing and maintaining psychological safety of both students and instructors is a primary concern. With this in mind, and sensitive to increasing efforts in higher education to protect student rights and support their mental health (DiMaio & Engen, 2020), we sensed a need to codify our principles and processes related to SEs, clearly outline learner and instructor responsibilities, and produce a tangible resource for learners and others who may desire information about our curriculum (e.g., parents and university administrators). At the time of this writing, we are in the second academic year of implementing our safeguarding model. We present it herein as a potential assist to other instructors, with the overarching aim of promoting safe and ethical pedagogical practices in music therapy.

In what follows, we review some of the existing literature about several types and potential benefits of curricular SEs and discuss key constructs that informed development of our model, such as risks, contraindications, psychological harm, and psychological safety. Next, we provide some detail about the process of gaining university approval for our model. We then outline the major tenets of the model and describe specific safeguarding practices at program, course, cohort, and episodic levels. A vignette demonstrates implementation of these safeguards in the context of an actual undergraduate course. Finally, we discuss implementation challenges and offer suggestions for future research.

### **Self-Experiences in the Literature**

#### **Types of Self-Experiences**

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Many different types of SEs are employed in music therapy education, training, and supervision, as follows:

- *Teacher and student demonstrations* (as a component of a course or within an entirely experiential course) – Instructors and/or students assume the role of therapist and engage learners in therapeutic music experiences as authentic or empathic<sup>2</sup> participants (Burgess, 1997; Murphy, 2007).
- *Experiential homework* – Learners complete projects to complement in-class activities (Bruscia, 2013a).
- *Logs and journals* – Learners reflect upon and describe their clinical and/or classroom experiences (Barry & O’Callahan, 2008; Murphy, 2007; Shulman-Fagen, 2001; Sorel, 2013).
- *Clinical re-enactments* – Learners verbally or musically re-enact an interaction from a clinical session with the instructor or peers (Bruscia, 2013a).
- *Musicing as supervision* – Learners engage in music experiences designed to explore and address a particular clinical issue (Ortiz, 2012; Summer, 2001; Young & Aigen, 2010).
- *Music therapy sessions*<sup>3</sup> – Learners undergo single or multiple individual or group music therapy sessions with a certified therapist (Jackson & Gardstrom, 2012; Lindvang, 2013).

### Levels of Participation

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<sup>2</sup> Empathic participation is defined in the subsequent section.

<sup>3</sup> While students may perceive SEs as “therapeutic” and as fulfilling certain personal needs, we consistently reinforce with all learners the key distinctions between SEs and personal therapy—namely that the aims of self-experiential learning are educational in nature.

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Within SEs, there are varying levels of learner participation, as outlined by Bruscia (2013b, chapter 4, Levels of Student Participation as Client section): (a) *Authentic Participation* – learners engage in the learning episode based on personal inclinations and tendencies; (b) *Empathic Participation* – learners acknowledge their personal context and bear responsibility for their actions, yet aim to identify empathically with a particular client’s situatedness, and (c) *Role Play* – learners engage in a learning episode by representing how they believe an individual client or client group might engage. Although graduate music therapy students in Norway were reported in a recent study (Schmid & Rolvsjord, 2020) to have stated that role-play experiences helped them to cultivate reflexivity, empathy, and authenticity of leadership and to “learn about their personal style, skills, weaknesses and strengths” (p. 7), these students also found it “a bit challenging to not to [sic] become stereotypical in the client role, not to relate too much to the pathology around our clients, because the problems resulting from illness are different from person to person” (p. 7). Role play relies on stereotypes, often exaggerations or “theatricalizations” of particular pathologies or identities and, in educational settings, have led to participant frustration, anxiety, embarrassment, helplessness, and guilt and to “reinforce outdated, ableist ideas” (Nario-Redmond et al., 2017, p. 324). Thus, out of respect for the people with whom we work as music therapists, we do not include a role play option, but rather encourage students to adopt either the authentic or empathic level of participation.

### **Benefits of Self-Experiences**



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Benefits of SEs in music therapy education and training have been well articulated in the literature (Bruscia, 2014b; Murphy, 2007; Murphy & Wheeler, 2005).

Bruscia reports that SEs achieve

Four independent aims: 1) to impart knowledge and skill about how to practice music therapy; 2) to develop an understanding of how different methods of music therapy are experienced by clients; 3) to develop a capacity for deep empathy for clients; and 4) to develop self-awareness as a music therapist. (2013a, chapter 1, SEs in the Pedagogy of Music Therapy, para. 1)

A few researchers have attempted to identify benefits via systematic study, interviewing music therapy students after completion of their training (Belt, 2019; Burgess, 1997; Milgram-Luterman, 2000; Murphy, 2007). In Burgess' study, graduates of a master's-level training program reported enhanced understanding of music therapy and a greater capacity to listen to themselves through SEs. Murphy also interviewed graduate-level practitioners; they reported three additional benefits of SEs: (a) they are able to learn more quickly and apply their learning to clinical work; (b) they feel better prepared to face real-life situations after experiential exercises than after reading and discussing material; and (c) SEs provide a space for them to self-reflect and find direction in their personal and professional lives. These findings correlate with graduate student reports in counseling (Anderson & Price, 2001; Anderson et al., 2014; Osborn et al., 2003).

We located only one study of undergraduate students' perceptions of SEs—a phenomenological investigation by Belt (2019). Belt interviewed three recently-certified music therapists. They were first asked to describe SEs in which they acted as leader and as "client" to ensure that those experiences aligned with the conceptualization of SEs as

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defined by Bruscia (2013a). They were then asked to identify benefits and drawbacks of this type of learning experience and factors that facilitated and impeded their participation. The respondents identified issues with boundaries in relationships with both instructors and peers and vulnerability as impediments to participation. Respondents identified two primary benefits of SEs, both of which substantiate Bruscia's (2013a) claims: empathy development (i.e., what it is like to be in the authentic role of "client" and how to be in interpersonal and intermusical relationships) and skill development (e.g., conducting, verbal techniques, clinical leadership).

Curricular SEs in music therapy appear to offer unique benefits for learners, bringing into sharper focus information imparted via didactic means and including music experience as an essential feature. Furthermore, as Kolb (2015) purports, instruction is more effective when instructors attend to students' different learning styles. SEs may assist those students who learn most effectively via hands-on, active engagement.

Perhaps the greatest advantage of SEs relates to the development of reflexivity. We acknowledge that the affordances and challenges that students encounter through participation in SEs may be, and often are, different from those encountered when enacting treatment with actual clients. Nonetheless, as students "reflect upon, study, or examine what transpired" (Bruscia, 2014a, p. 54) in SE episodes—that is, when they interrogate and communicate their own beliefs, ideas, values, opinions, emotions, and so forth—they are practicing *reflexivity*. Bruscia defines reflexivity as "the therapist's efforts to continually bring into awareness, evaluate, and when necessary, modify one's work with a client—before, during, and after each session, as well as at various stages of the therapy process" (p. 54). As they grow in self-awareness, students become better able

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to employ their insights and clinical presence to strengthen overall treatment integrity and efficacy—hallmarks of competent professional practice, as suggested by both the AMTA and the CBMT (See AMTA *Professional Competencies* 8.1, 9.3, 10.1, 10.3 and CBMT Board Certification Domains II.A.1 a-g, II.A.5 g & x).

**Risks, Contraindications, and Psychological Safety****Risks**

All SE encounters carry risks, which may be defined as potential hazards or threats to one's safety (Gardstrom, 2008; Hiller & Gardstrom, 2019). While risks to the music therapy student could be physical in nature (e.g., bodily discomfort or injury associated with movement), our primary focus is on mitigating harm associated with emotional and interpersonal risks. Examples of emotional risks include encountering uncomfortable feelings of vulnerability during Song Discussion and uncovering troubling memories through the process of journaling. Interpersonal threats include, for instance, learner breach of confidentiality that results in mistrust and disenfranchisement within a student cohort.

Risks to the instructor may also be emotional and interpersonal and may impact both professional and personal identity and job performance (Kisfalvi & Oliver, 2015). When safeguards for learners are not adequately employed, learners may call into question the instructor's status as a trustworthy professional, and negative perceptions such as these by students may adversely affect the instructor's self-perception as a responsible guide and role model. When communicated via course evaluations, learners' perceptions may adversely impact peer evaluations of the instructor. Furthermore, in the

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course of witnessing a learner's emotional outpouring, the instructor may personally identify (even over-identify) with that learner's distress.

It is our contention that not all risks necessarily result in adverse and unwanted reactions. In fact, Linden and Schermuly-Haupt (2014) and others reinforce the notion that a certain level and quality of risk-taking is a necessary constituent of personal growth and development (Anderson & Price, 2001; Anderson et al., 2014; Fox & McKinney, 2016); we posit that, as human beings, we do not change in any significant and enduring ways when we preserve the status quo. The benefits of risk-taking are also supported in the music therapy literature (Hiller & Gardstrom, 2019; Murakami & Goldschmidt, 2018). As instructors, then, it is not our intent, nor are we always able, to attenuate the risks inherent in music-based experiences. Rather, it is our aim to reduce the likelihood of adverse and unwanted reactions resulting from risk-taking within music-based SEs.

### **Contraindications**

Contraindications are different from risks: Whereas risks are idiosyncratic of the learning activities and processes themselves, contraindications relate to factors idiosyncratic of the learners and instructor (Hiller & Gardstrom, 2018). Contraindications may relate to one's present physical condition, mental health status, cognitive functioning, internal and external resources, and so on. Contraindications for SEs on a collective basis relate to a classroom cohort's level of cohesiveness, emotional development or, on a grander scale, the stability of the participants' socio-cultural contexts (Hiller & Gardstrom, 2019). For the instructor, the inclusion of particular SEs may be contraindicated if, for any number of reasons, the instructor is emotionally vulnerable to the point that they cannot adequately respond to learners' needs.

**Psychological Harm and Psychological Safety**

Murakami and Goldschmidt (2018) state in their AMTA podcast that, “Acknowledging the potential for music interventions to cause physical and/or psychological harm has important professional implications for music therapists that extend to...educational training domains”. Parry, Crawford, and Duggan (2016) note a lack of definitional consensus regarding psychological harm among researchers of verbal psychotherapy but offer their own, triadic perspective on this key construct that includes: (a) “adverse events” that occur during or soon after treatment and are directly correlated to an individual’s experience in therapy; (b) “clinically significant deterioration” of an individual’s mental state following completion of therapy; and (c) “patient-experienced harm” revealed through a patient’s report of a particularly negative experience in therapy (p. 212). Group-based or individual curricular SEs, though clearly differentiated from psychotherapy, may assume similar definitional criteria.

Our university Institutional Review Board also referenced adverse effects, specifically mentioning emotional distress (i.e., worry, upset, depression, embarrassment) (C. Powell, personal communication, July 31, 2019). We have observed that such distress may also manifest as significant self-doubt, anxiety, fear, interpersonal withdrawal, and even aggression. These are psychological states that may diminish a learner’s capacity to maintain participation and benefit from SE episodes and, if excessive, may require professional care.

In our investigation of the professional literature, we found useful information about the opposing construct to psychological harm—that of promoting learners’ psychological safety. Kahn (1990) and Edmondson (1999) provide concordant definitions

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of psychological safety applied to organizational psychology and management teams. Kahn refers to psychological safety as an individual “feeling able to show and employ one’s self without fear of negative consequences to self-image, status, or career” (1990, p. 708), and Edmondson defines it as a “shared belief held by members of a team that the team is safe for interpersonal risk taking” (1999, p. 350). These definitions seem allied with Jackson and Gardstrom’s (2012) concept of emotional safety/comfort, reported in their study as learners’ “level of comfort with taking risks and/or exploring feelings” during group music therapy with peers (p. 68). Relating this to curricular SEs and our model, we posit that safeguards are operating as intended when an individual is able to enact their capacity to participate, take intrapersonal and interpersonal risks as such opportunities arise, and demonstrate their capability to benefit from SE episodes.

**Process of Developing the Model**

The steps we undertook in developing our model are as follows:

1. *Reviewed policies and procedures of the AMTA and CBMT.* We found that neither professional organization’s publications mention experiential learning, SEs, risks, contraindications, or psychological safety as related to curricular structures and delivery.

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2. *Conducted a thorough review of the AMTA Code of Ethics (2019).*<sup>4</sup> We identified eight specific codes that we believed were pertinent to the safeguarding of SEs in the undergraduate curriculum: Codes 1.2, 1.3, 1.5, 1.6, 1.7, 1.9, 4.7, and 5.4
3. *Independently read peer-reviewed literature.* We unearthed resources related to SEs at the graduate level of training in music therapy, as well as in training programs for advanced models of practice (i.e., Analytical Music Therapy, Bonny Method of Guided Imagery and Music), but fewer publications about SEs at the undergraduate level. We also noted a lack of information about instructors' preparation and facilitation of SEs. And, while some publications address risks related to a learner's experience and the potential for harm, these facets of the instructor's experience appear to have not been given equal consideration.
4. *Considered the demographics and perceived developmental readiness of the learners at our particular institution.* We examined the ways in which student age may impact developmental readiness for self-experiential learning, and particularly considered the needs of marginalized students who may present with increased risks (such as a facet of their identity being "outed" in the classroom) and fewer resources for maintaining their safety (such as safety on campus surrounding their racial identity).

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<sup>4</sup> Not all certified music therapists are members of the AMTA and thus are not obliged to adhere to that organization's code; to date, however, this is the only code of ethics for music therapists practicing in the USA and, in our opinion, serves as a useful framework for the present discussion. We assert that the ethical obligations we have to protect music therapy clients pertain also to undergraduate learners who engage with music authentically or empathically in SEs.

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5. *Created a Self-Experiences Informational Packet to articulate tenets and procedures* (see Appendix). All documents were vetted through various levels of university administration, including the chair of our academic unit and administrators in both the university Provost and Title IX offices. This ensured that the packet's content aligned with university policies and legal standards and promoted understanding among university officials of the rationale for and centrality of music-based SEs in our curriculum.

**A Model for Implementation of Safeguards in Curricular Self-Experiences****Tenets**

In this section, we provide an overview of our model, beginning with the major tenets that drive its implementation:

1. Self-experiential learning is an essential complement to other forms of experiential learning and to didactic pedagogical practices in that it affords opportunities for self-inquiry necessary for development of reflexive and empathic music therapy clinicians.
2. Transparency surrounding all aspects of self-experiential learning is foundational to development of trust in the classroom, which enables learner participation and reflection.
3. SEs should be delivered in a way that communicates the valuing and promotion of learner autonomy, choice, and personal responsibility.
4. SEs should be designed and delivered in ways that show respect for potential clients; thus, authentic and empathic levels of participation should be encouraged, and role play should be discouraged.



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5. Learners and instructors must consistently adhere to a code of confidentiality surrounding self-experiential learning.
6. Instructors are ultimately responsible for safeguarding SEs in the classroom.
7. Each learner bears primary responsibility for safeguarding their individual involvement.
8. Members of a learning cohort should co-construct, monitor, and uphold classroom norms and provide evaluative feedback to the instructor regarding learning episodes.
9. Each learner's style of engagement in learning episodes (e.g., manner of verbal and musical participation, patterns of emotional expression, depth of personal awareness, etc.) is unique and developmental in nature; therefore, learners should not be graded on their style of engagement but, rather, exclusively on their overall progress toward satisfactory demonstration of AMTA Professional Competencies.
10. Instructors should regularly engage in their own self-experiential learning and, as available to them, peer consultation and supervision in order to expand their perspectives and insights, thus potentially improving design and facilitation of curricular SEs.

**Implementation**

We implement safeguards at four levels (see Figure 1), each of which involves specific and unique considerations that are tied to certain codes from the *AMTA Code of Ethics*, cited parenthetically in the descriptive narrative below. Discussing and enacting safeguards at each of these four levels results in a fair amount of repetition for students,

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and yet we believe that learners' felt safety may increase with multiple opportunities for them to query, express needs, and enact agency as the process unfolds.

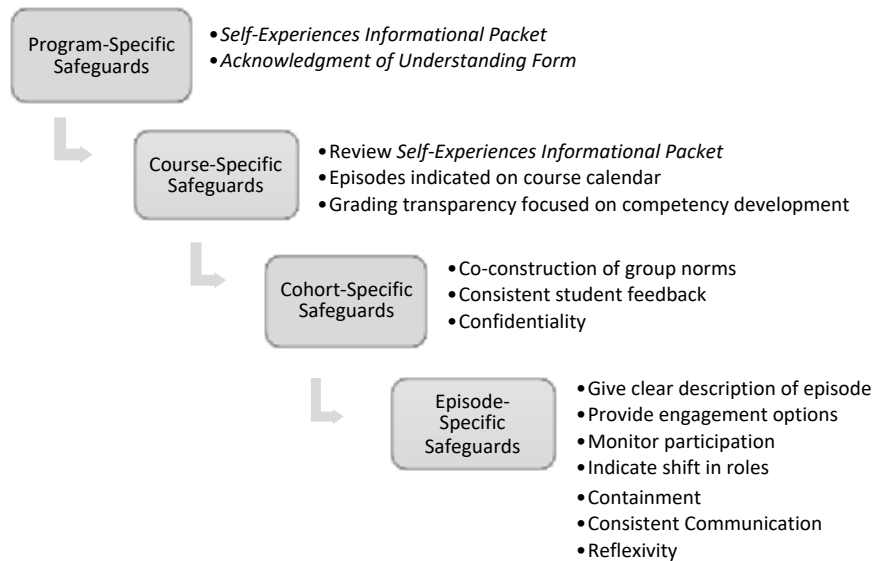


Figure 1. Levels of Safeguard Implementation

### Program-Specific Safeguards

Program-specific safeguarding practices refer to those actions involving all learners and instructors within our music therapy degree program. Distribution of the *Self-Experiences Informational Packet* (see Appendix), which is accessible online as a component of our departmental handbook, ensures that information is readily available to learners, all instructors (for consistency of implementation), other faculty within our department, and university leadership. The packet is reviewed by the full-time music therapy faculty in a group meeting with all music therapy majors at the onset of each fall semester, with a brief “refresher” at the beginning of the spring semester. In presenting the information collectively, we strive to communicate a unified rather than instructor-

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specific approach. At the initial fall meeting, we invite student dialogue, then request that each student review, sign, and submit an *Acknowledgement of Understanding Form* (see Appendix). We make it clear that, should any learner feel unsafe approaching music therapy faculty, they may voice their questions and concerns to the department chairperson. Overall, we intend to grant students ample opportunities to seek clarification, express concerns, and provide critical feedback (Codes 1.3, 1.5, 4.7).

### **Course-Specific Safeguards**

The centrality, role, and nature of curricular SEs varies depending on course-specific learning aims. As each course begins, the instructor reviews the information packet, describes the types of SEs that will likely be incorporated throughout the semester, and explains how each supports learning aims. Following are additional course-specific safeguarding practices that we have found to be effective:

#### ***Syllabus Content***

Embedding a link to the informational packet in the course syllabus reaffirms programmatic unity and the importance of the information, while also safeguarding the course instructor from student or stakeholder claims that information regarding the nature, demands, or risks of curricular SEs was not adequately communicated (Code 1.7).

#### ***Course Calendar***

Using a course calendar to indicate anticipated in-class episodes enables students to carefully safeguard their involvement by communicating personal needs and concerns with the instructor in advance. Because planned episodes will undoubtedly need to change or be adjusted based on cohort- and episode-specific demands, as well as environmental factors (e.g., class cancellations), the ideal calendar system allows for

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instructor edits viewable by students in real time. Students are encouraged to check the calendar in advance of each class session. We have also found it helpful to review SE plans briefly at the onset of each class session (Codes 1.3, 4.7).

### ***Grading Transparency***

Course grading policies and assignment rubrics must indicate a clear differentiation between graded aspects of a student's participation in self-experiential learning (e.g., timeliness, written synthesis of insights) and those aspects of engagement that are important but not graded (e.g., frequency or depth of self-disclosure). In that instructors may be prone to favor engagement styles that mirror their own patterns (Kisfalvi & Oliver, 2015), they must take care to identify and monitor personal biases to avoid discriminatory grading practices (Code 1.2).

### **Cohort-Specific Safeguards**

We use the term cohort to refer to the specific student membership of a course. Cohort-specific safeguarding practices guide what SEs are employed and why, as well as when and how they unfold. These practices are unique to and impacted by cohort membership, as well as by the environment in which learning takes place. And, in that the instructor contributes to the culture of that learning environment, relational dynamics such as familiarity and rapport between cohort and instructor also influence how these practices are specifically applied.

### ***Co-construction of Safeguards***

Norms are essentially those practices, expectations, and guidelines for behavior adopted and upheld by a particular group (Yalom & Leszcz, 2005). Just as with a therapy group that co-creates its own norms, opportunities for co-construction of classroom

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norms can increase felt safety and cohesion among a cohort (Cohn, 2005). As each cohort crafts its norms, the instructor may monitor and weigh in, as needed. Norms should be established at the onset of the course and understood as a fluid contract to be revisited and potentially revised based on the perceived need of members throughout the semester. Similarly, co-construction of safeguards requires instructors to honor student feedback for altering experiential learning procedures, including discussing barriers and creative solutions, while keeping within course aims (Code 1.3).

***Instructor Responsibilities***

One of the tenets of this model is that instructors must work to create and maintain a strong foundation of mutual respect and open communication as a model for learners' safeguarding responsibilities (Kisfalvi & Oliver, 2015; Morrissette & Doty-Sweetnam, 2010). Instructors nurture these ideals by welcoming and responding to learner feedback and consistently appraising their pedagogical practices.

Instructors are responsible for consistently monitoring the cohort culture as it manifests in the interpersonal cohesion, emotional maturity, and developmental readiness of members. Ongoing assessment will impact how self-experiential learning episodes are shaped to address learning aims. Exercising reflexivity and using supervision may enhance an instructor's effectiveness in this area.

Like students, instructors bear responsibility for creating and upholding group norms and maintaining confidentiality. However, as mandated reporters within the university system, instructors have unique responsibilities. We explain to the students that state law and university policies mandate that instructors report suspected and

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substantiated incidents of abuse, neglect, harassment, and other situations that put individuals at significant risk. (Codes 1.2, 1.3, 1.6, 1.7, 5.4).

### ***Learner Responsibilities***

Learners bear responsibility for helping to create and uphold cohort norms, particularly the baseline norm of confidentiality, which instructors vehemently emphasize. Student engagement in experiential learning episodes may activate emotional vulnerability; stringent confidentiality practices support individual members in accessing such vulnerability while decreasing the risk of compromised psychological safety (Code 1.6).

### **Episode Specific Safeguards**

#### ***Instructor Responsibilities***

The instructor provides a thorough description of each episode and facilitates a verbal check-in before, during (as indicated), and after each in-class episode. Verbal check-ins provide a means for the cohort to express relevant needs and consider subsequent changes to their participation levels, including, potentially, withdrawal from the experience. While an episode is in process, the instructor monitors student participation for gestural, affective, and/or verbal cues indicating a need to pause the experience and verbally check-in once more or move from an experiential process to a didactic one.

An instructor may need to shift roles during an experiential episode, indicating the shift verbally, as when moving from the role of “facilitator” to that of “instructor” in order to process the experience on a didactic level. The explicit shift eliminates confusion about what type of processing is expected and the purpose of the instructor’s questions or

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comments. The instructor may employ various forms of emotional containment as warranted, such as placing a time limit on the episode, articulating roles and boundaries, and restating the difference between SEs and personal therapy. Containment strategies support students' psychological safety while they are being challenged to tap into personal levels of vulnerability (those that aid in self-learning and empathy development), but also set limits on the potential emotional depth of an experience. The instructor is responsible for intervening when a student crosses an established boundary, violates a cohort norm, or appears to be in excessive distress. Intervening requires a clear statement that the SE is pausing or ending and subsequent processing of the disruptive event (Codes 1.3, 1.5, 1.7, 1.9, 4.7, 5.4).

***Learner Responsibilities***

Students bear primary responsibility for safeguarding their own needs, such as deciding if, when, and to what degree they can authentically or empathically participate while maintaining psychological safety. Naturally, students possess varying capacities for and proficiency in enacting such personal protections, and herein lies what we believe is a particularly meaningful benefit of SEs: Students learn to expand their personal safeguarding abilities and techniques—capacities critical to ethical and effective clinical practice and self-care. Also, toward this end, each student is expected to communicate directly with the course instructor should they choose to decline or withdraw participation. Doing so also safeguards peers' experiences by enabling the instructor to preserve the integrity of the learning episode for the remaining participants.

There are times when students may be asked to assume the role of facilitator, or what Bruscia refers to as the “therapist” (2013b, chapter 4, Grading section, para. 4).

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Learners may be asked to design a music experience, consult with the course instructor about the plan, and implement the experience in class while the course instructor either observes or participates. In these instances, the learner as facilitator shares safeguarding responsibilities with the instructor and therefore may implement specific episodic safeguards as indicated. Ultimately, the course instructor must remain attentive and prepared to intervene if the needs of the group extend beyond the scope of the facilitator's competency.

Learners are also responsible for practicing self-reflection to examine their personal responses to the music, the music therapy methods, and their own facilitation or participation. Ideally, depth of self-reflection will expand over time, often with instructor support. Lastly, learners also bear responsibility for helping peers to meet expectations by communicating a receptive, non-judgmental, and supportive demeanor. (Codes 1.3, 1.5, 1.9, 4.7).

### **Implementation Vignette**

This vignette is written from an instructor's perspective and set in a Receptive (Listening) Methods course involving junior-level students who are in their second semester of pre-clinical training. The narrative illustrates implementation of safeguarding practices leading up to, during, and following a Music Relaxation experience and an autogenic induction (Bruscia, 2014a, p. 138). Prior to this episode, programmatic, course-specific, and cohort-specific safeguards were enacted as described above. In preparing the course calendar and making decisions about the sequence of learning episodes throughout the semester, the instructor carefully considered the risks and demands of various receptive SEs as related to cohort needs. Additionally, the cohort of students (we



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use pseudonyms for these students) and instructor together had established and worked to uphold group norms throughout the semester.

*Approximately halfway through the semester, I led a brief Music Relaxation experience using a Progressive Muscle Relaxation (PMR) induction (Jacobson, 1938). I chose PMR for this initial experience because it is more directive and concrete than autogenic inductions, the latter of which are designed to activate imaginal processes. To safeguard this episode, I weighed student familiarity with the relaxation process against the inherent risks (i.e., potential surfacing of challenging imagery), while also considering the potential learning benefits. I assessed individual learner and cohort responses to the music that I selected, as well as member readiness for a longer and less structured Music Relaxation experience employing autogenic induction (cohort-specific safeguards).*

*I determined that the cohort was adequately prepared for and would derive learning benefits from engaging in an extended relaxation experience, and so facilitated this experience in a subsequent class session according to the course calendar. I began by describing the procedure and approximate duration. I also explained the learning intents—to support students in accessing a relaxed physical and emotional state, while also granting an opportunity for self-reflection on personal experiences and responses so that they would be better positioned to facilitate Music Relaxation with a peer. Next, I verbally checked-in with students, confirming their readiness to engage. I noticed that Brittany, Alex, and Deven appeared enthusiastic, while Jordan and Brooklyn appeared somewhat apprehensive. I reminded students of their autonomy to decline engagement or withdraw during the process if needed. Then, I offered options for engagement style:*

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*“You may lie down on a mat, be seated on the floor, or be seated in a chair” and “You may choose to close your eyes, keep them open, or adjust as needed during the experience.” Alex sat on the floor, while all other students reclined. I then stated that I would be dimming the lights (episode-specific safeguards).*

*The Music Relaxation procedure involved guided mindful breathing with no accompanying music, followed by an autogenic relaxation induction (focused on the image of a soft light) and a brief period for relaxed listening, accompanied by “Timeless Motion” (Kobialka, 1998) and Pines of Rome “The Pines of the Janiculum” (Respighi, 1978). Throughout the process, I visually monitored students, noticing adjustments in physical positioning and affect. At the conclusion of the experience, I allowed several minutes of silence as students transitioned to a state of increased alertness. (episode-specific safeguards).*

*Immediately following the Music Relaxation, students were invited to write a few notes about their sensations, reactions, and insights connected to this SE. After this brief time for individual writing, I facilitated a group discussion, first centered on personal responses. Students reported a spectrum of reactions, ranging from feeling highly engaged and comfortable to feeling fairly disengaged and distracted with no observed change in tension and anxiety levels from start to finish. After this discussion, I cued a shift in focus, stating “we are going to shift gears and talk about the clinical facilitation of Music Relaxation.” At this time, I stood and asked all students to return to their chairs while I brought the lights back up (episode-specific safeguards).*

*In the days that followed, students completed a written reflection about their personal process and experience. They were encouraged to indicate how insights*

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*gained might guide their considerations in preparing for and facilitating a brief Music Relaxation experience with a peer (episode-specific safeguards).*

*The following day, Deven approached me to discuss the SE. They disclosed that while participating, troubling imagery had emerged, causing emotional distress. After identifying available support resources, we discussed potential options for their participation in the next class session when student roles were to change for the same type of SE: participating by facilitating an autogenic relaxation induction for a peer, being in charge of selecting and playing the recorded music for the whole group, or sitting out of the class entirely and completing an alternate project of writing an autogenic induction script. After considering the choices, Deven decided to participate by selecting recorded music and taking charge of starting/stopping the piece for the group (episode-specific safeguards).*

**Challenges of Implementation**

This model poses certain challenges for instructors. Safeguarding SEs in the curriculum requires significantly more pre-class preparation time and effort, in order to reflect on the cohort, design the experiences, select music, determine procedural steps, create the self-inquiry piece (e.g., topics to guide written responses), and create alternative options for students who decline or withdraw their participation.

Implementing safeguards also takes time for discussion at the start of a course, before and after each learning episode, and outside of the class session when students approach the instructor to communicate needs surrounding their engagement. An instructor might also request a meeting with a student outside of class if the instructor

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believes that further, private processing is warranted. Instructors may find it difficult to commit to this time within what are already typically full course agendas.

We have learned that we must be flexible, both in planning prior to class sessions and in the moment to meet the safety needs of the students. We must be willing to listen deeply to what students express before each learning episode, be attentive to metacommunications and our intuitions, and be ready to make adjustments as needed for individual students and the group as a whole.

Another challenge has to do with instructors accepting and enacting roles that are different from those in traditional lecture courses where the power differential is imbalanced in favor of the instructor. In that students learn from their own reflections, the instructor's role as "expert"—the purveyor of knowledge—changes. Students become less dependent on the instructor, and the learner-instructor relationship becomes more of an egalitarian alliance than a hierarchy. Further, particular content that the instructor may wish to teach might even become irrelevant given the learners' experiences. Frustration with who controls the course and what is learned may thus arise for the instructor. Yet Kisfalvi and Oliver (2015) stress that "The responsibility for aligning the expectations of the instructor and students lies with the instructor" (p. 720) and remind us that

A reflexive attitude can help instructors identify their fragilities, accept their limits, and examine their need to be in control of what happens in the classroom. Working on such issues can enable them to let class discussions go in unexpected directions, given the students' inclinations and state of readiness. (p. 734)

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Instructors who navigate this redefined relationship provide a model for learners whose work in music therapy is not to change their clients but to provide opportunities for clients to change and to learn to trust themselves as agents in their own growth processes.

### **Recommendations for Future Study**

Educational resources focused on SEs in undergraduate music therapy training are limited. Research topics to augment knowledge in this area might include (a) undergraduate students' perspectives on their roles as both participants and facilitators of curricular SEs, (b) the nature of authentic versus empathic participation and the affordances of each position, and (c) factors that positively or negatively impact felt safety relative to SEs and particular applied safeguards. Research might also include examining instructors' experiences of implementing safeguards within SEs to identify potential best practices. Finally, useful longitudinal research might include targeting whether and how alumni of undergraduate education programs in which SEs are implemented carry their learning into professional practice and supervision.

Feedback from our program alumni supports our belief that curricular SEs during undergraduate training offers multiple benefits, notwithstanding the challenges faced by instructors. Students should expect that their training experiences will be carefully designed and facilitated with their safety as a top priority. We assert, therefore, that it is essential for educators and clinical supervisors who employ SEs to consider ways to enact the sorts of safeguards described herein toward ethical and effective support of learners' personal and professional development for the demands of 21st Century clinical work.

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