

Upcoming project in the Education Committee

Supervision for GIM trainees and GIM therapists

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Education Committee

After having completed the reviews of the EAMI Training Standards, the MI guidelines, and all the necessary accreditation documents the Education Committee took time to focus on a new subject that has been neglected so far: **supervision**. Some years ago the EC tried to establish a group of senior GIM supervisors (experienced GIM therapists and some professional supervisors)¹ to discuss supervisory themes and ideas. Unfortunately, we did not succeed in meeting because we simply could not find common dates for meetings, not even online. Maybe the time was not right yet. We'll see whether it is now the time to get back on the subject because we continue to develop professionally. We hope that the members of this group and other senior supervisors are interested to take part and assist our project (see below).

The Need for Supervision and Supervision Training

As can be read in the EAMI Training Standards we listed only the required hours of supervision sessions (incl. onsite supervision), but nothing was said about the goals, intentions, and contents of supervision. Also, nothing was said about supervision as continuous professional learning process for accredited therapists allowing them to update and deepen their knowledge.

Whereas the teaching of GIM theories, methods and techniques is up to the EAMI trainers it is the supervisor's task to supervise the supervisees' skills and competencies in the GIM practise with clients. The supervisor supervises the supervisees' understanding of clients in relation to their own transferences and counter transferences. Dileo points out that supervision "is one of the fundamental methods through which students learn to acquire the skills necessary to practice music therapy competently and ethically" (Dileo, 2001, p.18). Supervision means continuous further learning by practising therapeutic skills in the therapeutic work with clients.

Intentions of supervision in training

The overall objective of supervision is to promote the supervisees' professional competence and performance and pay attention to the supervisee's self-care. However,

¹ Members were (alphabetically): Leslie Bunt, Isabelle Frohne-Hagemann, Inge Nygaard-Pedersen, Kia Martenssom-Blom, Sumi Paik-Meier, Evangelia Papanikolaous, Gabriella Giordanella Perilli, Esperanza Torres, Gro Trondalen and Margareta Wärja.

supervision also takes into account the relevance of the health system, structure of the institution and/or organization as well as current political and social developments as they have a great impact on the possibilities for practical work with GIM or MI. From the beginning on supervisors should prepare their supervisees for what is the reality as trained GIM and/or MI therapists working in a clinical, an educational context, or a private institution/practice. This, because the supervisory relationship between supervisor, supervisee, client (and music) is never independent from the impact of the outer and wider context.

The role and inner attitude of the supervisor

A supervisor functions in different roles, e.g. as a counsellor or a guide, but not as a therapist. A supervisee's personal problem is only addressed if it interferes with the supervisee's professional BMGIM or MI work. The supervisor refers to the theoretical concepts and evaluates the supervisee's knowledge necessary to understand a problem, a therapeutic situation or a therapeutic process.

The supervisor's conduct and styles vary. Dileo points out that "This may involve a delicate balance between directing and allowing, between providing answers and facilitating problem solving, between challenging and accepting and between controlling and letting go. Supervisors must also have a comprehensive understanding of the supervisory process, of the dynamics of supervision, and of their own supervisory styles" (Dileo, 2001,22). The respective role must be transparent to the supervisee(s) and supervisors must be able to reflect their respective role in a situation.

In all roles the supervisor takes in an open attitude and avoids judgment. Supervision is not controlling, but offering a meaning-generating process in the relationship between supervisor and supervisee(s). The supervisor is not a "wise guy" who knows every solution, but listens with an interested attitude. The supervisor offers to explore new territory with the supervisee considering all kinds of theoretical knowledge, assumptions, intuitions and comparable experiences. Supervision topics are always viewed from a multi-theoretical perspective. The aim is in the end to agree on a *preliminary synopsis* of what has been reflected so far (first verbal summary of the understanding process so far). Supervision serves to find connections and transitions between applied practice and underlying (often unreflected) theories and knowledge, belief systems, implicit diagnostic assumptions, etc.

Supervision is a continuous learning process about perceiving, response, reflecting and reflecting on one's reflections. In particular, it is the uncovering of the power of *unreflected* knowledge. This helps to prevent misunderstandings and misjudgements due to ignorance.

Supervision helps to work constructively with the supervisee's confusion, perplexity and insecurities that may emerge during a GIM session in all phases: pre-talk, indication and choice of music, induction, guiding interventions (including the guiding of non-ordinary states of consciousness and spiritual and transpersonal dimensions), mandala painting, the use of other art modalities and follow-up talk. The supervisee learns that confusions mostly provide valuable clues to overlooked relational connections. The analysis of the supervisee's responses regarding the client, the music and the dealing with one's counter-transferences and transferences help to establish the supervisee's role identity.

Promotion of therapeutic efficiencies

Supervisees need supervision to find emotional relief from stress concerning their clients and find protection from mechanisms that lead to burnout symptoms. Supervisees are invited to talk about very difficult and complicated situations and processes in their work. This is often associated with self-doubts and professional insecurity, being afraid of embarrassing themselves because they are trainees or already accredited. Therefore, a supervision group and the supervisory relationship should offer a warm accepting atmosphere enabling trust and facilitating communication and cooperation among supervisees by which important supportive *therapeutic efficiencies* can directly be experienced by the supervisees in their supervision group. Such efficiencies are for instance: experience of trust, empathy, solidarity, acceptance of personal values, emotional support, a non-judgmental attitude regarding assumptions and insecurities and sharing of experiences. Therapeutic efficiencies experienced in the supervision group support self-care. The supervisor may function as a model that can be adopted for the treatment of the supervisees' clients.

Examples for themes, contents and foci in Supervision

Biographical and musical issues

Supervision focusses on the client's

- personal background and musical connotations with important life events,
- musical peak experiences
- positive and possibly traumatic experiences with music, including, if applicable, experiences with musical training and musicianship.
- The musical biography gives hints on the supervisee's or the client's inherent values and motives, narratives and prejudices, ideologies and belief systems.

Indication issues

Supervision focusses on the reason whether there is at all an indication for the client's needs for BMGIM or MI or rather for other psychotherapeutic or creative methods.

Scenic understanding

The supervisor promotes the supervisees'

- *perception and phenomenological-hermeneutic understanding of scenes, situations and processes*, which emerge in a client's imagery and the supervisee's embodied *counter-transferences* (sensing, feeling, emotional understanding and reflecting), as well as within the supervisor-supervisee and client relationship.
- *the supervisee's perception of atmospheres* in scenes and situations in GIM,
- the reenacted patterns of emotions related to a scene or situation,
- the current scene in which supervisee – client, and supervisee /supervisor are moving and
- the deep-hermeneutic understanding of desires and defenses hidden in scenes,

Depth psychological analysis is focussed on

- the supervisee's assessment of the client's resources and disturbances,

- the assessment of the client's level of psychic structure,
- the evaluation of the client's actual inner process,
- the supervisee's awareness of and understanding of transference and counter-transference processes,
- of the psychological content of the relationship,
- of inherent communications and interaction processes,
- psychodynamic and group dynamic processes in training and in client groups,
- the relationship between supervisee / client and supervisee / supervisor,
- and the parallel processes of re-enacting the client-therapist-relation into the supervisee-supervisor-relationship (and the supervisor-institution relationship),
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Cultural issues concerning

- backgrounds traditions, customs, habits, norms and inherent values as well as motives, symbols, metaphors, narratives and prejudices, ideologies and belief systems, that determine a client's patterns of thinking and imaging, as well as the client's emotional styles and acting processes in a GIM journey or a piece of music,
- culturally and socially implemented music preferences or disapprovals
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Gender issues, e.g.

Inherent images of the male, female and queer/diverse views on a situation come up here, which can lead to distorted assessments of a supervisee's client and the supervisee as well. Supervisors must also include themselves in the supervision and their effect as persons identifying as a man, woman or queer/diverse person.

Ethical education

The supervisor needs to bring ethical issues to the supervisee's attention. Ethical issues such as sexual assault, abuse projections, counter-transferences, transferences, cultural and gender issues are always connoted with fundamental ethical questions on how to cope with this.

One of the most important tasks of supervision is to promote ethical education principles and values (Dileo, 2000, 2001), e.g.

- Respect the dignity and rights of all,
- Act with compassion,
- Be accountable,
- Demonstrate integrity and veracity,
- Strive for excellence (AMTA, Code of Ethics, 2019).

These ethical demands seem to be self-evident for us as decent and well-behaved therapists. But what does this mean in practice? Very often in practice a trainee or therapist gets into an ethical *dilemma*² that can arise in a (BMGIM/MI) therapy session. Dealing with ethical

² An example: a male client in outpatient practice who develops psychotic symptoms should be referred to a psychiatrist by the GIM therapist, but the client refuses because he feels he is in good hands with the GIM therapist.

dilemmas in Supervision demand multi-perspective and non-judgmental reflections and considerations from the supervisor and supervisee. It is very important here to be open, but emotionally distant in order not to become biased and make rash judgements. There are no definitive objective answers to ethical questions and dilemmas, but supervision can help to find explore options and to take responsibility for decisions made.

Other issues

- power issues
- money issues
- issues related to online therapy

Supervisory techniques

A GIM therapist giving supervision should be able to apply various supervision techniques in order to help the supervisee developing a deepened professional identity and professional integrity based on all the competencies mentioned above. Some of the various supervision techniques have been described in GIM and music therapy literature, e.g. onsite-SV, Reflecting team, Reimagining, Supervision as a tool, and others.

Supervision Training

How to improve professional supervision in small training steps

Up to this point it should have become clear that supervision needs professional training and expertise. It is a profession in its own right. In our GIM community supervision is mostly offered by experienced GIM therapists and trainers -and very few have a supervisor's certificate, because professional supervisors are not familiar with the specific characteristics of GIM and/or Music and Imagery methods. Although trainees will certainly profit from the GIM therapists' experience, from a supervisory point of view their supervision does not cover all that supervision can encompass. GIM therapists should be given the opportunity to include more professional perspectives in the supervision.

At present though a full professional training would be too great a logistical and financial challenge. Although a supervision training becomes particularly effective when theory and practice are learned in a theory-practice interweaving, e.g. by live-experienced onsite supervision, this would take place in a special training format for BMGIM and MI therapists that the Education Committee cannot offer at the moment. Therefore, the Education Committee agreed upon more manageable options to improve knowledge and competence.

Ideas for a *basic GIM supervisor's training*

As a very first step for a *basic GIM supervisor's training* we could imagine that videos on the EAMI website and/or webinars as "supervision days" on *specific basic supervision* topics could be designed. Such possibilities would be a very first access to raise awareness of certain issues that supervisors and their supervisees might often overlook or ignore.

In addition, we would compile a list of selected *literature* on supervision and relevant topics.

The *format* could consist of

- Presentations with theoretical contents which could include examples of how a supervisee gets supervision on an occurring problem: e.g. by short excerpts from supervision sessions, if permission is given by the supervisees involved and their clients.
- Fictitious video example of supervision.
- Interviews uploaded on the EAMI website or YouTube: supervisors are interviewed about certain themes or cases
- Interactive webinars where many participants can communicate about a certain theme per zoom
- Other ideas

And the *focus* could lie, for example, on issues that have been described in this paper, e.g.

- The supervisor's roles and responsibilities,
- ethical issues, cultural issues,
- supervision related theories, e.g. scenic understanding and transference-countertransference issues,
- the indications for GIM and MI for specific clients in specific therapy settings,
- problems with session structure and setting in different therapy contexts,
- problems with guiding interventions,
- inclusion and diversity,
- supervision formats and techniques (onsite-SV, Reflecting team, Reimagining, etc.),
- and more up to the expert supervisors' discretion,
- Structure and implementation of supervision of given supervision(s): a supervisor supervises the supervisor.

A look into the future

If any members of the old GIM supervision group mentioned above in the footnote or any other expert supervisors are interested to share ideas with us, please contact us

Eami.education.committee@protonmail.com

We will discuss all issues at the next GIM conference in September 2024.

In the name of the EC

Isabelle Frohne-Hagemann (chair)

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