

REFLECTIONS ON PRACTICE | PEER REVIEWED

Video-based Reflective Practice (VRP): A Practical Methodology for Reflective Practice in Music Therapy Training and Clinical Supervision

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Abstract

Various forms of reflective practice, including journal writing and self-experiences, have been explored in music therapy. However, there is limited literature on practical methodologies that articulate how to reflect on sessions. The author introduces a practical methodology that guides the process of reflective practice in music therapy clinical training. The methodology includes self-observation through video-recorded sessions, a set of questions designed for self-assessment, evaluation of clinical situations of trainee identified areas, and identification of strengths, weaknesses, and future action plans. This framework has implications in music therapy education and training in that it (a) supports students and practicum supervisors with practical guidelines about how to reflect on sessions; (b) may facilitate student growth and development through self-directed learning and acknowledgement of strengths and working points; and (c) provides a cognitive framework that may help develop metacognition skills which are crucial components of learning during and post clinical training.

Keywords: *music therapy, education, reflective practice, supervision, methodology, student development*

Introduction

Reflexivity is defined 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” (Bruscia, 2015, p. 88). Reflexivity can be practiced through self-observation that involves understanding oneself as well as others who are involved; self-inquiry that examines musical and verbal interactions; conversations with the client and caregivers regarding goals and progress being made; and clinical supervision, which is a crucial component for student development (Bruscia, 2015). Reflection can occur before, during, and/or after an experience (Rogers, 2001). Reflective practice helps (a) identify strengths, weaknesses, and negative attitudes; (b) determine actions required to improve clinical skills; (c)

develop clinical reasoning skills to ensure safe client care; (d) manage complex clinical situations, and (e) integrate theory and clinical practice (Dube & Ducharme, 2015; Schon, 1983).

Gibbs's Reflective Cycle (1988) is a structured reflective tool that has been widely used in health care fields. Gibbs's model describes how reflection occurs in cycles starting from the "what" aspect of a situation and ending with specific action plans for future behavior. According to the model, individuals decide what to focus on and give a clear picture of what went on, then feelings associated with the selected situation are identified and explored. Next, evaluation and analysis occur, and this involves what was good and not good as well as what sense can be made of the situation. Then, an action plan is constructed for a better future behavior. Kolb's (1984) four stage learning cycle is another conceptualization that articulates processes associated with effective learning. Kolb's model focuses on experiential learning through concrete experiences, reflective observation, abstract conceptualization, and active experimentation. Common to both approaches are that they (a) describe how learning and self-improvement can occur through a set of cognitive guidelines; and (b) facilitate autonomous learning through evaluation of current skills and construction of future-oriented behaviors (Gibbs, 1988; Kolb, 1984).

Nursing professionals have examined topics associated with reflective practice including strategies to develop reflective skills, ethical reasoning, reflective journals, keeping a portfolio, student perceptions, reflective writing, nature and benefits of reflective practice, and cultural humility (Due & Ducharme, 2015). They have found reflective practice helpful in identifying negative attitudes and areas of improvement, promoting change in professional practices and emotional support, and developing reflexive skills (Due & Ducharme, 2015). Professionals in teacher education and educational psychology have used video-enhanced reflective practice (VERP) to support teachers' and educational psychologists' reflective practice. VERP is a collaborative and strength-based method used to support individuals to develop interaction skills in their work through guided reflection on their chosen video-clips of their practice (Murray & Leadbetter, 2018). VERP has several theoretical underpinnings which include Personal Construct Psychology (i.e., individuals try to make sense of the world in which they live), Appreciative Inquiry (i.e., strength-based approach to change), solution-oriented thinking, Symbolic Interactionism (i.e., human behaviors are understandable through meaningful interactions and symbols in the society), and Systems Thinking (i.e., acknowledging complexities of interactions within the system) (Murray & Leadbetter, 2018). Through reflecting on self-selected video clips, trainees experienced improved relationships between staff and students, increased personal and professional confidence, and significant learning outcomes (Hamel, 2019; Hampton et al., 2019; Murray & Leadbetter, 2018).

In music therapy, there exist various types of reflective practice which include self-inquiry such as journaling, writing papers, creating art, and conversations with others as well as self-experiences (i.e., active engagement in music experiences such as composing and listening) (Bruscia, 2014). Journal writing and a few modes of experiential learning have been explored in the context of clinical supervision. Barry and O'Callaghan (2008) reported that journal writing associated with students' clinical experiences helped connect thoughts, feelings, and actions, deepen self-awareness, trust emerging ideas, and allow new or revised insights to emerge. One of the benefits of self-experiences (e.g., authentic participation, empathic participation, role play) is development of reflexivity, and self-experiences associated with reflective practice have also been studied (Bruscia, 2014). Macrae (2021) explored trainees' authentic self-experience in Analytic Music Therapy training. By playing, verbally processing, and/or listening back to recorded examples, professionals acknowledged personal issues presented in the clinical process, explored the importance of the working alliance, and reported continued increase in self-awareness. Additionally, self-experiences in culturally centered music therapy supervision were explored and helped increase trainees' multicultural competence (Donley, 2020; Swamy, 2011). Furthermore, Zanders (2020)

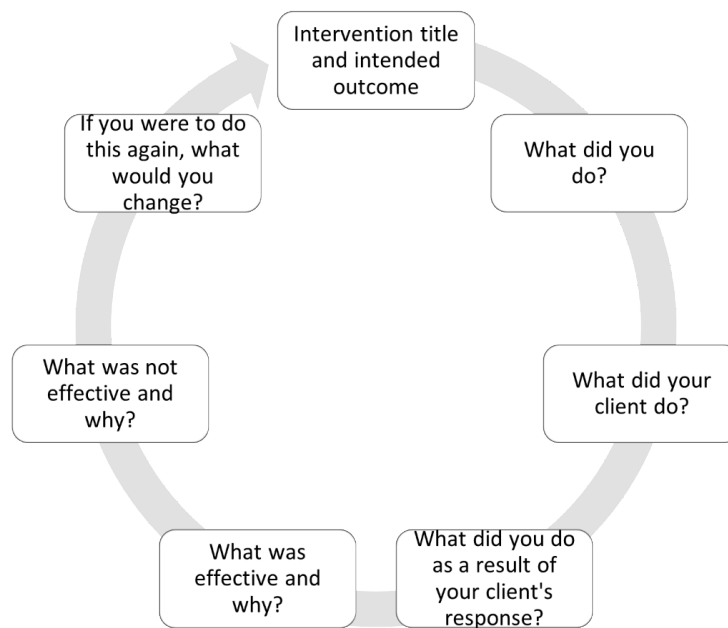


Figure 1
Video-based Reflective Practice (VRP)

investigated students' perceived competencies as they relate to the professional competencies articulated by the American Music Therapy Association and showed that participating in music-based experiences (i.e., receptive, improvisation, recreative, composition) helped increase students' perceived music therapy competence. While describing benefits of self-experiences for learning and opportunities for self-inquiry, Hiller et al. (2021) emphasized ethical and effective support for students and suggested a model that focused on the psychological safety of undergraduate students as they engage in experiential learning in music therapy training.

Video-based Reflective Practice (VRP)

Reflective practice that focuses on self-experiences and self-inquiry as well as particular clinical settings has been explored in music therapy supervision. However, little literature suggests practical methodologies that incorporate self-observation and evaluation of clinical experiences based on video-recorded sessions and specific guidelines. In this paper, the author provides a practical methodology with a set of questions designed to help examine clinical facilitation on trainee selected areas (See Figure 1). The methodology involves assessment of a situation by summarizing the process and the context, as well as articulating reciprocal nature of the client-therapist interaction. Accurate assessment of what happened in clinical situations is the foundation for positive change and allows discussions that come from shared needs in clinical supervision meetings. Also, there exist perceptual differences between music therapy students and their supervisors in the evaluation of practicum experiences and student performance, which can hinder student progress and constructive conversation in the supervisory relationship (Lim & Quant, 2019). Therefore, reviewing one's work through video-recorded sessions prior to or during supervision meetings may help increase self-awareness and generate common grounds for processing of clinical situations.

In addition, this methodology allows students to look at clinical interactions as reciprocal and cyclical. Sometimes, students are focused so much on themselves or the clients that they do not see the whole picture of what, how, and why a situation occurred. By articulating the process in cycle, students may gain insights of the situation as well as develop clinical reasoning skills, which is a crucial component in designing

interventions that are goal-oriented and client-centered as well as in-the-moment clinical decision making.

Furthermore, the methodology includes identification of both strengths and limitations of interventions that were implemented. By identifying strengths, students may feel valued and empowered in the learning community (Davis, 2001). This strength-based approach may help students increase self-confidence, be encouraged to manage their weakness, and become independent learners (Krutkowski, 2017). Also, by identifying areas that were not so effective and understanding why they were ineffective, students may not only benefit from autonomy and self-directed learning but also become ready for the change process that follows as active learners. This examination of therapist effectiveness by answering what and why questions associated with self-identified clinical situations creates a space for therapeutic reasoning and integration of theory and practice.

Finally, when a chosen clinical situation is fully reflected based on self-assessment, understanding of the reciprocal and cyclic nature of the therapist-client interaction, and evaluation of strengths and limitations, the construction of specific action plans can occur for future clinical facilitation. Through this process, new strategies may emerge, strengths may become talent (Krutkowski, 2017), and weakness may become an area to be explored and changed in this continuous journey of self-discovery and cultural humility as competent music therapists. This conceptualization can be used in various contexts such as personal reflection for future clinical skill development, peer supervision, and clinical supervision. Here are the suggested steps to follow:

1. Video-record and watch a session.
2. Select specific experiences to focus on. It is possible that all selected experiences come from the same intervention or different interventions.
3. List intervention title and intended outcome for each selected area.
4. For each selected experience, answer the following questions:
 - a. What did you do and/or what happened? Briefly summarize your process and the context.
 - b. What did your client do in response to your process?
 - c. What did you do as a result of your client's response?
 - d. What was effective? (Musical, verbal, and nonverbal facilitation)
 - e. Why was it effective?
 - f. What was not effective? (Musical, verbal, and nonverbal facilitation)
 - g. Why was it not effective?
 - h. If you were to do this again, what would you change?

A template with these steps that can be used in clinical training is included in the Appendix.

Reflection through self-observation using a video-recorded session is strongly encouraged. However, when videorecording of a session is not allowed due to restrictions imposed by the clinical site, trainees can retrospectively recall and reflect on their experience by answering the questions articulated above.

Suggested Application of the VRP in Clinical Training

When utilizing this form of self-reflection in clinical training, a consent form needs to be signed by the client and/or the caregiver. The consent form articulates that the video-recorded materials will be used only for learning purposes which includes evaluation of therapist effectiveness and client responses, and the video-recorded materials will be destroyed immediately after they are reviewed by the student. It is encouraged that consent forms are signed early in the semester, especially when working with a group. The author suggests that two sessions be video-recorded (i.e., one close to midterm and another close to final evaluations) so that students can report observed

changes in musical and facilitation skills. This can also help the evaluation process be more student-driven by which the students identify strengths, limitations, significant clinical moments, areas of improvement, and strategies to use for those working points. The following steps are recommended when this methodology is used in the context of clinical supervision:

1. Select two sessions to video-record and report the dates to clinical supervisor.
2. Have consent form signed by the client/caregiver/staff.
3. Watch the video-recorded session.
4. Fill out Video-based Reflective Practice form included in the Appendix.
5. Share your experiences with your supervisor.

Implications for Music Therapy Education and Training

First, limited resources regarding the process of reflexivity makes it challenging for students in training to learn effective reflective skills and cognitive strategies associated with reflective practice. This methodology may help students develop skills necessary for reflective practice as an active learner with autonomy and benefit from self-directed learning with clear guidelines. These meta-cognitive processes of asking questions, analyzing situations, solving problems, and reflecting on challenging situations while bolstering the intrinsic motivation to learn and grow may be developed and carried on post academic training and serve as a resource for continued growth and development (i.e., life-long learning).

Second, this methodology provides pedagogical support to practicum supervisors with practical strategies that can be easily adopted in clinical training. It provides them tools that can guide the conversation for challenging situations, help solve problems through collaborative efforts, and help acknowledge and validate student development.

Third, students sometimes become too focused on completing a task at hand that it may (a) hinder in-the-moment interactions with clients; (b) limit understanding the whole therapist-client interaction as a chain reaction; and (c) make it difficult to be aware of verbal, gestural, and musical mannerisms that are present in the therapeutic relationship. Observing their own behaviors that lead to positive and negative client outcomes may bring fresh perspectives that may have not been recognized before.

Recommendations

Allied health care professions such as nursing found it helpful to adopt strategies for reflective practice in developing clinical skills, clinical reasoning skills, and self-awareness (Dube & Ducharme, 2015). In music therapy, various types of self-inquiry as well as self-experiences have been explored. However, research associated with how to develop reflective skills is limited in music therapy education and training. More attention to reflective practice and its impact on student development is needed. Additionally, this methodology has been utilized in three academic training programs and students and clinical supervisors anecdotally reported positive changes such as increased self-awareness and supervisory support. Future research needs to examine how student development occurs through self-observation of session videos and guided supervisory interactions based on this framework.

About the Author

Sekyung Jang, Ph.D., MT-BC is assistant professor of music therapy at Radford University. Her clinical and research interests include emotion regulation in older persons, theory-based intervention research, intergenerational programming, and music therapy supervision. As a professional music therapist, she has worked with variety of populations including older adults in community-based settings and children and adolescents with special needs.

Appendix

The appendix is available at the following link: <https://voices.no/index.php/voices/article/view/3364/3385>

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