

REFLECTIONS ON PRACTICE | PEER REVIEWED

Reflections on Supervision in Music Therapy in the Context of Autism

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Abstract

This paper is related to aspects of supervision in music therapy, specifically focused on Argentine music therapists working in the context of autism. A supervision approach is described for music therapy in this context. Some reflections regarding the themes identified and worked on during the supervision process are presented. The reflections and guidelines are based on the author's experience as a music therapist supervisor in this field.

Keywords: music therapy; supervision; autism

Introduction

Several authors have conceptualized, described methodologies, and conducted various research around supervision in music therapy, a subject so broad and deep that it brings together all music therapists to review their practice. However, literature is scarce regarding the specialization of some fields of music therapy application and the particularities of the supervision according to each. The current needs of music therapists working in the context of autism, especially in Argentina, are complex and varied, requiring specialized supervisors who are knowledgeable about the particularities of the application of the discipline of music therapy for people on the autism spectrum.

Literature Review

Music therapy literature has described supervision as a fundamental part of all music therapists' training and clinical practice. Some focus on general issues, such as defining and describing what supervision is and what function it fulfills for music therapy practice. Odell-Miller and Richards (2009) define supervision as a process that allows music therapists to discover ways to improve their practice through examination and exploration

with sustained support from a supervisor. Forinash (2001) focuses on the relational aspects of supervision, in which the supervisor and the supervisee actively interact to develop competence and empathy in the supervisee and work on aspects of the complexity of daily work. At the same time, Forinash (2001) proposes some general guidelines for supervision: that training in music therapy supervision is needed for supervisors; that supervision allows the practice to be united with theory; and that music therapists, especially in the field of their private practice, need support and opportunities for dialogue and musical creation. Likewise, Barcellos (2022) defines supervision as putting a magnifying glass in clinical practice to recognize the condition of the therapist-client relationship, identify the aspects and difficulties of the client that should be the object of attention, and discuss what, how, and when to use music. Authors like López (2016) and Benenzon (2000) highlight the importance of supervision as a constant aspect of the music therapy framework. Adding to this, López (2016) argues that in music therapy, the supervisor should always be a qualified music therapist and not another professional, for reviewing unique aspects of the music therapy processes, which can only be understood by another music therapist with more experience. This underscores the crucial role of the supervisor in the success of the music therapy process.

On the other hand, various authors describe supervision by considering its characteristics according to the perspective or theoretical framework models, approaches, and orientations in music therapy. The authors attached to Analytical Music Therapy outlined the intertherapy process (Eschen, 2002). Dvorkin (1999) states that supervision is part of any therapist's training within the psychodynamic framework. The therapist is encouraged to bring the clinical material and present it. Based on how this material is presented, the supervisor analyzes aspects of both the therapist and the client, aspects of transference and countertransference, and how the client brings out primitive defenses that affect the therapist (Dvorkin, 1999). At the same time, making music is promoted to explore feelings towards the client and observe discrepancies between what is verbally commented about the client and the music therapist's improvisation.

As part of the Benenzon model, Benenzon (2000) states that supervision is another aspect of the music therapy setting. During the supervision process, the music therapist supervises and transmits a series of non-verbal phenomena through verbal language and/or audio images, role-play, and internal impressions. These phenomena must be reproduced and repeated with a certain logic to be interpreted by the supervisor and to give analog and digital feedback to the music therapist. According to the author, the aspects of transference and countertransference involved in analog communication are the most important to supervise. In turn, the author proposes four supervision stages: (1) the preparation, in which the music therapist chooses the supervisor, becomes aware of the supervisor's method and theory, and thinks and reflects on the client and the therapeutic process. At the same time, the music therapist envisions being supervised and identifies with the supervisor. After that, is (2) the act of supervision, in which the music therapist communicates non-verbal phenomena in various ways, develops the methodology, and the supervisor tries to understand transference and countertransference. Next, (3) the supervisor's feedback is provided through digital communication, which the music therapist translates into analog communication and applies to the client. Finally, (4) the effect of supervision occurs when the music therapist understands the internal phenomena and some points of conflict with the client are clarified.

On the other hand, some authors focus on the supervision methodology. Frohne-Hagemann (1999) describes an integrative supervision model made up of four main areas: (1) case supervision, which focuses on the relationship between the client and the therapist; (2) case discussion, which focuses on the diagnosis, targeted goals, methods, techniques and interventions, adequacy of the setting, timing, agreements, etc.; (3) supervision as a continuous training for therapists, referring to personal, social and professional

competences, including musical competences, ability, and empathy, as well as political, cultural, and philosophical aspects, diagnostic conceptions, and clinical concepts for different care contexts and populations; and (4) the treatment of current labor conflict in the workplace. In this case, the supervisor promotes the supervisee's communication and cooperation with colleagues, professionals, and coordinators within the institutional context. The supervisor may advise on job changes, new positions, and negotiations and provide support to lead a group work or to undertake an own work project.

Authors like López (2016), Leivinson (2016), and Barcellos (2004) emphasize the aspects that can impact the music therapist, such as burnout or lack of motivation. López (2016) explains that during the first years of practice, fears, insecurities, and anxiety arise in the music therapist due to the lack of experience, denoting a greater dependence on the supervisor and excessive concern about what a client thinks or feels. According to the author, supervision should begin with professional training and continue during the following years. During the early stages, it is essential to work on the motivations that led the music therapist to choose the profession to enhance their abilities as a therapist and address the potentially problematic reasons that led them to choose it. In addition, it is essential to increase self-esteem and motivation and reinforce the therapeutic qualities. Focusing on transference and countertransference and working on power relationships are essential (López, 2016).

Leivinson (2016) explains that burnout occurs when there is a mismatch between the emotional approach to clients and the work being done, implying a lack of optimal distance, sufficient to maintain certain objectivity. One of the causes of this situation is the unconscious reissue of one's forgotten experiences, projections, and identifications. According to Barcellos (2004), as a result of the implication in the processes, some questions can arise in the music therapist, such as the desire that a client will not attend a session, the feeling of ineffectiveness when the client does not show any sound manifestation or when the evolution is very slow, or the rush to finish treatment because the therapist feels incapable of helping the client. Barcellos (2004) frames burnout or discouragement as a concept arising from a difficult situation or with a client with whom work is difficult. She also identifies institutional burnout, which consists of discouragement arising from institutional issues, such as the lack of adequate working conditions, interpersonal problems between music therapists from the same institution or between music therapists and other professionals, as well as problems related to the lack of or delay of salaries (Barcellos, 2004).

Some authors have proposed different ways of reviewing clinical practice, such as Oldfield (2006), who proposes reviewing the audiovisual records of sessions during the individual supervision process to foster greater insights and provide suggestions and new ideas that can help the music therapist in the clinical practice. Ferrari (2013) proposes peer supervision, a process in which music therapists within the same work context review cases and expose and exchange doubts about them.

On the other hand, from technological advances of the last decades, supervision has been proposed in virtual modes, using different applications or software. Some authors give an account of the changes and challenges that this modality implies, both for the relationship established between the supervisor and the supervisee as well as for reviewing clinical materials in terms of the way they are presented, exposed, and analyzed (Radoje & Pestell, 2020) and safeguarded and protected (Gattino, 2021).

It is important to highlight that current authors reflect and delve into the importance of awareness of multiculturalism, diversity, and intersectionality in music therapy—both for the training and continuing education, as well as for music therapy supervision (Donley, 2020; Gonsalves Schimpf & Horowitz, 2021; Hadley & Norris, 2016). The assessment of these aspects is related to a complex reality in which people with diverse backgrounds, differences, and cultural identities coexist (Gattino, 2021). This could be due to migratory

movements, the presence of multiracial and minority groups, and the increase in age gaps between generations (Helander & Gattino, 2020). According to Kim (2021), multicultural aspects refer to age, gender, sexual orientation, religion and spirituality, ethnicity, race and language, socioeconomic level, access to health services, level of functionality, and disability.

In this sense, authors like Murphy (2019) reflect on the ethical responsibilities of supervisors regarding knowledge of cultural complexities in the context of supervision and clinical practice and, consequently, the creation of a space for exploration and dialogue. According to Whitehead-Pleaux and Tan (2017), the function of supervision is to model cultural competence in the supervisee, which comes from a place of humility, genuine interest, and an understanding of how a person's culture influences their worldview and way of life. The supervisor assumes these qualities which are cultivated and emerge from cultural competence (Whitehead-Pleaux & Tan, 2017). Continuing with this premise, the music therapist's ethnocentric attitudes, stereotypes, and preconceptions should be explored since they significantly influence client-therapeutic relationships (Kim & Whitehead-Pleaux, 2015; Whitehead-Pleaux & Tan, 2017).

It is, therefore, imperative that the music therapist enhance their cultural sensitivity, which, according to Gattino (2021), implies knowledge, understanding, and adaptation to the cultural aspects that influence one's perception of other people. On the other hand, cultural humility, which implies an open attitude of respect and commitment towards people's culture, with the intention of equalizing power differences between one culture and another, and which is maintained throughout life (Gattino, 2021; Gonsalves Schimpf & Horowitz, 2021). Also, the music therapist should enhance cultural sensitivity, which implies technical and empathetic skills for managing different cultural contexts (Sue & Sue, 2012). Regarding the understanding and use of music in the context of music therapy, music is an expression of culture (Kim, 2021). According to Kim (2021), music integrates the three cultural dimensions of the human being: the universal, the collective, and the individual. In turn, the notions of health and illness vary depending on the cultural context. Cultural aspects become fundamental to be considered by the music therapist in their daily work and, therefore, also influence the supervision process, which implies reviewing these aspects.

According to recent research studies on the topic of supervision, several have highlighted the use of different supervisors as well as flexible and creative approaches adapted to the needs of supervisees (Kennelly et al., 2015, 2017; Rushing et al., 2019); access to supervisors specialized in different environments and approaches (Kennelly, 2017); the link between the supervisor and the supervisee based on empathy and trust (Kennelly, 2015; Macrae, 2021); the skills of the supervisor to effectively support and guide the music therapist to achieve a new awareness and self-care (Kennelly, 2017; Macrae, 2021; Silverman, 2014); an increase in the effectiveness and professional competence (Lim & Quant, 2019); the recognition and management of transference and power relations (Silverman, 2014); and the need for more training for supervisors (Macrae, 2021).

Finally, regarding the context of practice, Arns & Thompson's (2019) study focuses on the music therapist's work as part of a transdisciplinary team in the educational context for children on the autism spectrum, mentioning supervision as part of the practice. Transdisciplinarity is understood as transcending the boundaries of disciplines. It involves professionals from different areas, expanding their specialty's frontiers and using shared knowledge and skills to liberate roles by working together. The reasons for adopting a transdisciplinary model are related to the complex needs of populations requiring high support (Twyford & Watson, 2008). This is the case of people on the autism spectrum, who, although they present different profiles and characteristics, will require different levels of support (DSM-5; American Psychiatric Association [APA], 2013). For example, they may need support for communication and the use of expressive language, for social

interaction appropriate to the context, for enhancing anticipation and flexibility skills regarding transitions and changes in daily routines, and/or for sensory regulation, among other basic adaptive functions. According to Arns & Thompson (2019), transdisciplinarity would allow the music therapist to get involved in a variety of settings and institutional contexts (times of rest, lunch, school events, etc.), observe how the advances in the music therapy group are manifested in other activities, and consider the role of another staff member to assist in providing support during the musical experience, such as holding the musical instruments during the performance.

Supervision Approach in Music Therapy in the Context of Autism

After the presentation of the literature review on this topic, the main characteristics and methodology of the proposed supervision approach are presented. At the beginning of the supervision process, some general guidelines are proposed for organizing the meetings. They are performed in virtual mode and last one hour. Before the first meeting, music therapists complete an online intake form (see Appendix 1). This form inquires about the place of residence and current work, university and year of completion of music therapy studies, years of practice, cultural and musical background, training in the field of music therapy and the field of autism, characteristics of the clients (ages, diagnostics, profiles), assessment practices implemented, the music therapy models, approaches and orientations used, practices within the institution and with families, and finally, the current needs and challenges in practice.

The virtual modality is accessible for Argentine music therapists, as the country is vast in territory and has music therapists working in its entirety. Supervisees have a professional degree, whether they are new or experienced professionals. Most music therapists work with children and adolescents, and a minority work with young and adult populations.

Regarding the supervisees, the vast majority are of Argentine nationality and live and work in the country's territory. However, a minority of the supervisees are Latin American music therapists from countries such as Uruguay, Peru, Paraguay, and Bolivia. In this case, some music therapists were trained in countries other than those of origin and work in their country, where music therapy is an emerging practice. This writing is not focused on these music therapists since the practice context presents different variables, which merits another type of analysis.

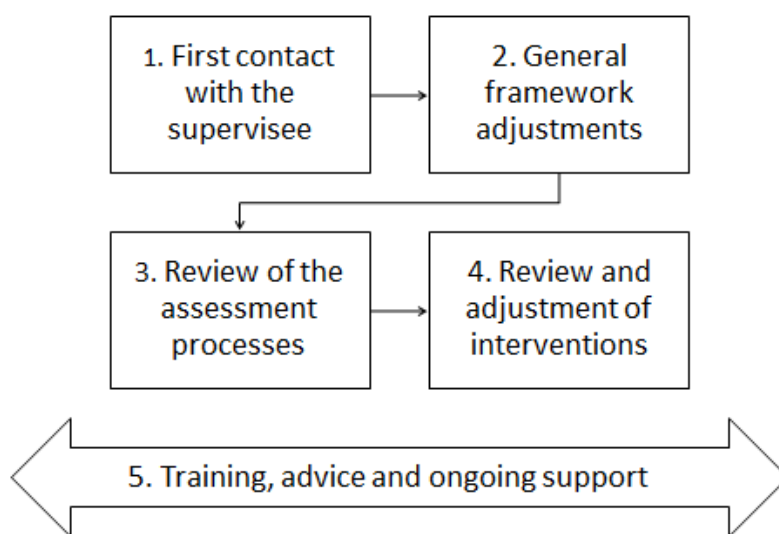
Regarding the socio-economic level, music therapists work with low and middle-income populations and, in some cases, with little access to health services due to the great distances between towns and cities. This is the case in some smaller cities, where there is a single reference music therapist. In large cities in Argentina, the landscape is different, concentrating on a greater number of people and making a greater number of music therapists available. On the other hand, in the case of the city and province of Buenos Aires, some music therapists assist children, adolescents, and young people on the autism spectrum who are migrants from Latin American countries such as Bolivia, Peru, and Paraguay or of Chinese and Korean descent.

In Argentina, music therapy is regulated by the National Law of Music Therapist's Professional Practice (Congreso de la Nación Argentina, 2015). In turn, practices in the context of Autism are framed by two important pieces of legislation, the Convention on the Rights of People with Disabilities and its Optional Protocol (Congreso de la Nación Argentina, 2008) and the Comprehensive and Interdisciplinary Approach of People with Autism Spectrum Disorders Law (Congreso de la Nación Argentina, 2014). There is also the *Consensus on the Diagnosis and Treatment of People with Autism Spectrum Disorder* (Ministerio de Salud y Desarrollo Social, 2019). On the other hand, the variety of music

therapy models, approaches, and orientations are varied (Marsimian et al., 2021), encompassing various forms from the cognitive-behavioral, psychodynamic, music-centered, and neurological frameworks within others. It is important to highlight that, in the context of music therapy in Argentina, there is no standard guide for the practice, as is the case in other countries (American Music Therapy Association [AMTA], 2013); in this sense, music therapists require support for the planning and assessment of music therapy processes.

The proposed supervision approach methodology will be described below, following Frohne-Hagemann's (1999) supervision model guidelines. It was developed over five years ago and is flexible enough to adapt to the needs of each music therapist. Although flexible, it involves certain steps, as shown in Figure 1.

Figure 1. Supervision approach methodology in music therapy in the context of autism.



1. First contact with the supervisee:

A first meeting is held to get to know the music therapist, the difficulties and challenges in the working context, to know the assisted client's profiles (ages, institutional or private practice, individual or group approaches, conformation and place of the discipline within the therapeutic team, etc.), and to know the main current needs of the practice and the main challenges and difficulties. In addition, it is reflected in the strengths and potentials of the supervisee regarding their role as a music therapist. After that, a link is established with the supervisee, and the supervision goals are outlined. A supervision written record is used starting from the first meeting and throughout the supervision process (See Appendix 2).

2. General framework adjustments:

Next, general issues of the music therapy approach are worked on and adjusted, such as the working framework, the therapeutic agreements, and the characteristics of the setting (organization of the physical space, musical and technological instruments, etc.), tending to adapt them to the characteristics of the assisted population.

3. Review of the assessment processes:

After general framework adjustments, guidance is provided on the assessment processes, tools, and methods used at each stage of the music therapy process (Marsimian, 2022). Next, following the model presented by Goldfinger and Pomerantz (2014) and Gattino

(2021), it is proposed that the music therapist should go through the four stages of the assessment process, that is, (1) preparation, (2) data collection, (3) analysis and interpretation of data, and (4) documentation and communication of results. This process will be done after the music therapist chooses their clinical case and prepares the virtual meeting with all the information and impressions of the selected client, including written and audiovisual records of the sessions. After that, the client's information is documented. This includes information obtained during the referral and acceptance stage, such as the admission interview and the admission form, medical reports, clinical reports, school reports, etc. From there, several tools and guidance are provided to analyze and interpret all this data, rethink the interventions, and plan goals for the music therapy process. Finally, advice and various clinical tools are provided to communicate the results in writing, such as preparing clinical reports and oral transmission for different exchanges and interviews with the interested parties (family, school, therapeutic team, medical professional, etc.).

4. Review and adjustment of interventions:

Audiovisual and written records of sessions are reviewed throughout the following meetings to improve music therapy interventions, considering each particular client. Likewise, training is provided to understand the client's requirements and how to implement the different interventions within musical experiences and following the different treatment goals; for example, how to work based on songs (Marsimian & Nuzzi, 2021), improvisations, recorded music, etc. It will be important to provide training around various perspectives, models, approaches, and orientations within music therapy and others outside music therapy, such as applied behavioral and functional analysis, sensory processing, etc. In addition, advice is provided to the music therapist so as to plan and implement different supports adjusted to each client.

5. Training, advice, and ongoing support:

Throughout the entire supervision process, the music therapist is trained in various issues that arise from clinical practice. Theoretical material is usually sent to reflect on autism, music therapy for autism, assessment methods and tools for this population, neurodiversity, supports, etc. Training is sometimes provided to foster more referrals to music therapy based on outlining indication/referral criteria according to the clinical context. Other times, it is oriented to carry out clinical athenaeum and institutional meetings, so that the music therapy's scope for this population is known.

Finally, and beyond the clinical and technical guidance that is provided to the music therapist during the supervision process, it will be essential to provide emotional support for those feelings and emotions that appear about the client's assistance, considering that these emotions and countertransference aspects can hinder or allow the development of therapeutic processes. In turn, it will be important to strengthen the role of the music therapists and their self-esteem, increase reflexivity, and provide support and concrete strategies to deal with signs of burnout.

Identified and Worked-on Themes in Music Therapy Supervision in the Field of Autism

Based on the experience of the author as a music therapy supervisor in this context it is reflected on the identified and worked-on themes during the supervision process. For this reflection, a five-year work period is considered with more than twenty colleagues using the supervision approach previously described, individually, in virtual mode, and in the context of private practice. Each music therapist contacted the supervisor individually,

since they do not have music therapy supervision in their workplaces. Most of the attendance contexts are private offices and/or interdisciplinary teams. A minority are in institutional health or educational contexts, such as hospitals, day centers, special schools, residence homes, etc.

The themes are identified through the record review method (Gattino, 2021), which is defined as the review of documents created by the music therapist during the music therapy process, as well as the review of documents and information created by other professionals or by the client, such as music recordings, artistic productions, social media, etc. In the case of the supervision process, the supervisor creates a written record corresponding to the virtual meeting with the supervisee, which consists of different items referring to the supervisee and the client reviewed (see Appendix 2). This record consists of the introductory emerging themes commented on by the supervisee at the beginning of the meeting, the client’s name, the stage of the music therapy process that is reviewed, and the themes that are worked on. At the same time, the main transference and countertransference aspects related to the client are recorded. In addition, markings and suggestions are made regarding the review of written and audiovisual records of the music therapy sessions with the client to improve the interventions of the supervisee. Finally, observations are made about the role of the music therapist and the current challenges in practice.

A retrospective and qualitative analysis was carried out when reviewing these written records. Continuing with the qualitative analysis in the context of assessment in music therapy described by Gattino (2021), it was developed beginning with (1) a phenomenological grouping and reduction, in which the transcriptions of written records are deeply analyzed to acquire a holistic understanding and to reduce some data. Then, (2) a description of the significant units, identifying patterns, similarities, and differences in the information allowed for greater systematization. Then, (3) a grouping of significant units into different themes was carried out. After that, (4) a review of the topics and errors or omissions were corrected and identified. Finally, (5) an extraction of the general themes was made.

The following Table 1 lists the identified themes along the supervision process throughout the mentioned qualitative analysis. The themes are organized according to each stage of the music therapy process: (1) referral and acceptance, (2) initial assessment, (3) definition of the treatment plan, (4) implementation of treatment, and (5) discharge/termination (AMTA, 2013; Gattino, 2021). At the same time, transversal themes, which cover the entire process as they concern more complex issues related to the client and the music therapist, are identified.

Table 1. Identified themes during the supervision process, according to the music therapy process.

Music therapy process	Themes in the supervision process	Transversal themes
Referral and Acceptance	1. Review of framework variables	9. Implementation of interventions and supports in a transversal way
	2. Definition of indication/referral criteria	
	3. Definition of criteria for grouping clients	
Initial Assessment	4. Conduction of an initial assessment	10. Support for parents, caregivers, and families
Definition of treatment plan	5. Definition of goals and objectives	
Implementation of treatment	6. Understanding of the music therapy processes	11. Understanding of autism and the particular context of each client
	7. Communication of the results of the process	
Discharge/Termination	8. Reflection on the process: termination and discharge	12. Understanding and approach to the role of the music therapist

Each of the themes will be analyzed in more depth below.

1. Review of framework variables:

This is the first point of conflict that usually appears at the beginning of the supervision process. In general, when the variables of the setting (frequency, schedule, fees, method of payment, payments, and conditions for the sessions, and also, physical place of work, instrumental set, and materials) are not thought of, coordinated, or established between both parts, that is, between the music therapist and the institution, the client's family or the client, this may bring difficulties in the processes. At the same time, these difficulties will, sooner or later, directly impact the music therapist's mood, enthusiasm, emotionality, and responsibility towards the client and the process. Also, it may affect the degree of institutional and family communication that can be established and sustained through the process. These aspects are focused on during supervision, and the supervisee is guided to modify and adjust these variables.

2. Definition of indication/referral criteria:

The definition of the indication/referral criteria takes place when the music therapist begins to work in an interdisciplinary institution or independently. According to Smeijsters (2005), this situation implies defining when and with what criteria the colleagues will consider music therapy a possible approach to indicate/refer to their clients. For this purpose, considering the guidelines from Ferrari and Marsimian (2013), it will be important to plan a guide for the professional who makes the referral and for the rest of the interdisciplinary team to know in what circumstances music therapy can be beneficial. Institutions often use conferences, informative meetings, or talks with parents and families to report on these achievements in music therapy benefits and scope.

3. Definition of the criteria for grouping clients:

In the care context of Argentina, many of the music therapy approaches within the institutions take place in group formats and it is the task of the music therapist to review and assess if the clients are grouped in a coherent way. As Gattino (2022) states, it may take into account cognitive profiles and behaviors, ages, severity levels, activities and proposals to be carried out within the framework, etc. These aspects should be reviewed and considered, and changes should be proposed to the institution if necessary. Even when forming new groups, it would be appropriate to establish these criteria in advance and discuss them with colleagues and superiors since the music therapist will have the most accurate criteria for this task. These aspects are reviewed under supervision, and the music therapist is guided to propose changes to the institution if necessary.

4. Conducting of an initial assessment:

The initial assessment is a fundamental stage to know the clients and their characteristics and their musicality and thus clearly define goals and objectives. It has fundamental implications for clients, guiding the music therapy process and the interdisciplinary team. Sometimes, music therapists do not feel capable of carrying out an initial assessment or perceive that they do not have sufficient knowledge or training to do it thoroughly and precisely. Then, the supervisor's task is to guide the music therapist in deepening these aspects, providing knowledge and training on several assessment tools and methods, like some created for this population, like the Musical Functional Assessment Profile (MFAP) (Marsimian, 2023b), and to assess the client's profile, not only based on deficits but also assessing potentials, strengths, and interests (Larose et al., 2021; Mottron, 2017).

5. Definition of goals and objectives:

The planning of music therapy goals and objectives will be closely linked to the initial assessment. For this, the music therapist should consider the client's age, developmental level, functionality profile, severity level, and the level of support required (DSM-5; APA, 2013), among other relevant aspects. According to Gattino (2022) and Thompson (2022), for the planning of goals and objectives it is important to consider the client's characteristics, attributes and values, and also the institutional characteristics and context of music therapy practice. It is relevant to select the areas and/or domains and the appropriate terminology for formulating the goals (Gattino, 2022). The goals transcribed in a report are only a part and are very general. Supervision consists of guiding the music therapist to outline specific and personalized goals and objectives, interweaving all the information with each particular client's family, school, and support context. Bearing in mind the current guidelines for the care of people on the autism spectrum, it would be expected that the goals and objectives are agreed upon with the client and/or the family and caregivers, so that they are adjusted to the client's needs, aiming at the quality of life and well-being (Aznar & González-Castañón, 2019; Lai et al., 2020; Schuck et al., 2021).

6. Understanding of music therapy processes:

The understanding of music therapy processes is linked to two important issues. One is the music therapy framework used to analyze, interpret, and understand a therapeutic process. The second is that it is difficult to account for a process if it has not been recorded. That is why assessment practices are so fundamental. Then, the supervisor's task is to help the music therapist define and be trained in different approaches and assessment processes, some of which can be seen in another publication by the author (Marsimian, 2023a). On the other hand, the supervisor should help the music therapist to collaborate in an overall view, to prioritize which goals to focus on at each stage of the process, knowing that the complexity of autism implies various challenges and will be modified according to the life stage.

7. Communication of the results of the music therapy process:

The communication and transmission of progress and challenges is related to the understanding of the music therapy process, and is the result of the implementation of assessment practices (Gattino, 2021), such as the initial assessment, the re-assessment of treatment goals and objectives, the review of records, the documentation of information, etc. After all this, making a progress report or communicating progress and challenges to the interdisciplinary team should not be tedious, as, on many occasions, it is referred to by the supervisees. However, if the supervisee does not go through these steps, they may have problems, and writing a report could take hours, impacting the mood and reducing work efficacy. In this case, the function of supervision is to guide the supervisee to reflect on the addressees of the written and/or oral information communication, to adjust the content and language terminology, and to maintain clarity and specificity.

8. Reflection on the process: termination and discharge:

Music therapists sometimes work long enough with a client to achieve the goals they have set. However, they are unsure if it is time to end treatment or discharge. In the case of autism, music therapists should consider a series of factors related to the meaning of the music therapy process for each client, beyond the goals that were worked on. In addition, the changes across the lifespan often imply rethinking the purpose of all the therapeutic proposals for the client. The supervisor's task is to foster a person-centered perspective in the supervisee to consider the client's and/or family's opinions, as to plan the termination

of the process.

9. Implementation of interventions and supports in a transversal way:

This is a fundamental point given the complexity and heterogeneity of people on the autism spectrum (Baron-Cohen, 2017). To a greater or lesser extent, all people will need, at different stages of the process, access to activities and interventions with specific support designed and adapted to each person, given the needs of communication, regulation, socialization, and learning, among other adaptive functions (Lai et al., 2020; Schuck et al., 2021). During supervision, it will be important for the supervisor to warn and help the music therapist understand that the interventions will not be enough in isolation but that they will gain greater strength and impact the quality of life of the client when they are put into practice by all the actors involved, including the family, the school and the rest of the treatment team. This implies great challenges for the music therapist, who must establish regular communication with the parties involved and implement assessment and planning skills within a transdisciplinary perspective.

10. Support for parents, caregivers, and families:

There are various ways to support parents, caregivers, and families of children and young people on the autism spectrum. The music therapist may be able to implement parent guidance counseling in a parallel and simultaneous way at different moments of the process (Gottfried, 2016); incorporate the family into the sessions with different purposes (Thompson, 2016); provide parent coaching for implementing different strategies and musical activities at home (Hernandez-Ruiz, 2019); work in group music therapy for parents (Bull, 2008); and be part of teams where parent guidance is in charge of another professional. Before starting, it is important to be clear about the music therapist's role, knowing that each action with the families is aimed at different goals and should be previously thought out and agreed upon.

11. Understanding of autism and the particular context of each client:

Lastly, perhaps most importantly, the supervision process involves guiding the supervisee to reflect on autism. Autism can be understood as a disorder or as a developmental condition that impacts a person's health, which entails different challenges, difficulties, and potentials. Continuing with the current perspectives of neurodiversity (Ratazzi, 2021; Rickson, 2021), understanding autism as a form of expression and variations in neurodiversity would be part of this perspective.

This implies, for the various actors, including music therapists, to work based on the needs and functional abilities of each client and at each stage of life. Likewise, the various actors work towards adjustments to the environmental context, the promotion of quality of life, well-being and inclusion (Lai et al., 2020; Leadbitter et al., 2021).

The cultural aspects mentioned above, such as the awareness of multiculturalism, cultural sensitivity and cultural competence, as well as the consideration of music as an expression of the cultural aspects of the human being, are contemplated in this theme. During the supervision process, advice is provided to the supervisee to know and comprehend the implications of multicultural factors that influence the worldview of clients and their families, as well as to know and comprehend how to use music in musical experiences. For example, during the referral and acceptance stage, an initial interview is performed to assess the client's family characteristics, routines, recreational and cultural activities, health conditions, etc. During the initial assessment, different assessment methods and tools are applied to know the client's sound history and musical interests, as well as the musical background of the family environment and everyday contexts (Marsimian, 2023a). Simultaneously, it becomes important to work on the prejudices and

cultural biases of the supervisees, fostering cultural sensitivity, cultural humility, and cultural competence to provide client-centered interventions.

12. Understanding and approach to the role of the music therapist:

As part of the supervision process, it will be essential to address the music therapists' emotions, feelings, and thoughts throughout the clinical practices with the assisted population. These factors can greatly impact their performance, influencing the level of comfort, stress, burnout, self-esteem, etc. These aspects are addressed throughout the supervision process and go hand in hand with the professional increase of confidence in their work and awareness of their potential and challenges.

Conclusion

To conclude, there is still a long way to go toward outlining fundamental issues of supervision in music therapy in the context of autism. It is understood that the needs of people on the autism spectrum are vast and heterogeneous, implying continuous education and training to provide quality care and support. As has been mentioned, several supervision models are described in the literature. However, there is evidence of a certain scarcity considering specific aspects of this population and supervisors specialized in the subject.

On the other hand, core themes are identified in the supervision process. The approach to these themes is flexible according to the characteristics of the reviewed processes. For this reason, it is necessary to continue developing specific music therapy supervision models and guidelines for this context.

As stated at the beginning, the supervision approach presented is not closed and will be expanded and enriched over time. It would be helpful to present valid evidence supporting this proposed methodology. For example, an impact assessment could be applied with the adaptation of a questionnaire (Tsiris et al., 2020), which assesses the impact of the service, in this case, that of supervision, both in the supervisee and the institutional context. Added to this, it would be important to plan a future study in which a considerable number of music therapists who carry out supervision practices in the context of autism are interviewed, so as to update the needs and characteristics of their practices, and to plan instances of supervision approaches more adjusted to them.

About the Author

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Appendix 1

Music therapy Supervision Intake Form Template

Date:		
Music therapist's name:		
Music therapist's age:		
City of residence:		
City of work:		
University and year of completion of music therapy studies:		
Years of practice:		
Musical and cultural background:		
Training in the field of music therapy and in the field of autism:		
Institutions/ Interdisciplinary teams (names and years of practice):		
Characteristics of the clients (ages, diagnostics, profiles):		
Assessment practices in music therapy	YES	NO
Check the actions taken in your current practice:		
a. Music therapy intake form		
b. Music therapy initial interview with caregivers/client		
c. Music therapy session record		
d. Assessment methods/ tools Which one/s?		
e. Music therapy evaluation report		
Music therapy models, approaches and orientations used	YES	NO
Which one/s?		
Institutions/Interdisciplinary teams	YES	NO
Check the actions taken in your current practice:		
a. Attendance to team meetings, schools meetings or with external professionals		
b. Conferences, informative meetings or talks to inform the music therapy scope and benefits		
Families	YES	NO
Check the actions taken in your current practice:		
a. Meeting with families/caregivers		
b. Implementation of music therapy interventions with parents/caregivers		
Comments on current needs and challenges in music therapy practice		

Appendix 2

Music therapy Supervision Record Template

Date:	
Supervisor's name:	
Supervisee's name:	
Date of beginning of supervision process:	
Introductory and emergent themes:	
Client name:	
Client date of birth:	
Client's age:	
Client's documentation: YES NO Documents: • •	
Music therapy stage with the client: a. Indication and referral b. Initial assessment c. Definition of treatment plan d. Implementation of treatment e. Discharge/ Termination	
Relevant themes:	
Transference and countertransference:	
Review of written records of the sessions with the client: Musical experiences: • • Comments/suggestions: • •	
Review of audiovisual records of the sessions with the client:	
Video N°/Minute N°: - -	Comments/suggestions: - -
Role of the supervisee and the current challenges in practice: - -	