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Significant Moments of Undergraduate Music Therapy Students:

A Memory Work Project

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Abstract

In this exploratory qualitative study using Memory Work methodology, we focused on the lived clinical training experiences of undergraduate music therapy students through collaborative reflection. Seven students and one instructor participated as co-researchers within a course-based undergraduate research experience (CURE). Initially, participants composed detailed "thick descriptions" of significant moments from their first clinical experiences. These narratives were then shared and coded in vivo during class read-aloud, followed by a focus group discussion that probed similarities, differences, and unspoken expectations related to clinical practice. Data were captured through transcripts of video recordings and analyzed manually complemented by AI-supported coding. The process distilled into three themes that illuminated pathways during clinical experiences that buoyed progress: (a) resilience in clinical placement as a catalyst for professional growth; (b) building therapeutic relationships and support networks fosters trust and emotional safety; and (c) understanding the therapy process and its impact cultivates professional insight and fulfillment. Two additional themes which illuminated dimensions that deepen an understanding of students' growth include: (d) coping with anxiety in clinical settings is part of the emotional journey and (e) sensory awareness and personal presence support preparedness. Findings highlight how Memory Work facilitates reflective inquiry into varied aspects of clinical practice,

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with insights into flexibility, adaptation, resilience, vulnerability and psychological safety in supervision.

Keywords: memory work; CURE; clinical training; undergraduate music therapy students

Introduction

In the United States (U.S.), music therapy is a competency-based profession, and university programs approved by the American Music Therapy Association (AMTA) are responsible for designing curricula that scaffold both theoretical knowledge and clinical skill development. As part of this progression, hands-on training is embedded throughout undergraduate curricula, culminating in clinical placements where students apply their learning in supervised settings (AMTA, 2021). Recognizing the formative nature of these initial placements, we designed an exploratory qualitative project using the Memory Work methodology (Stephenson & Kippax, 2017) to facilitate a collaborative reflection process among undergraduate music therapy students enrolled in a small private university. This process included recalling and discussing experiences from the students' first clinical placements to identify common themes and generate "new insights." We defined "new insight" as intuitive learning or understanding that arose through reflection relevant to their development as emerging music therapists.

In the music therapy literature, the clinical placement component is referred to using different terminology (practicum, clinicals, fieldwork, field studies, etc.). For the purposes of this paper, we use the broad term "clinical training placement" to refer to any form of directly supervised experience encompassing a music therapy student with session participant(s) that occurs during undergraduate music therapy coursework and contributes toward clinical training (see 3.2 Clinical Training Component; AMTA, 2021). Within this process, reflection was identified by music therapy clinicians and educators as an integral component for professional growth (Jacobsen et al., 2019) and self-assessment (Polen et al., 2017). Reflection was facilitated through journaling, worksheets, perspective-taking, post-setting review, and personal therapy (Polen et al., 2017).

In the extant literature, researchers consistently relied on clinical logs, journals, or other written reflections submitted by students about their clinical experiences (Abbott, 2017, 2018; Bae, 2012; Barry & O'Callaghan, 2008; Wheeler & Williams, 2012). These artifacts provide educators and supervisors insight into how students cultivate clinical skills and develop their identities as therapists. For example, Abbott (2017) used qualitative analyses of student music therapy reflections in clinical logs to identify a need for guidance regarding the logistics of clinical observation, specifically concerning "who and what to observe" (p. 75). They also provided students with a professional lexicon for documenting objective observations. They concluded that building students' ability to observe and document objectively strengthens their capacity to structure clinical experiences and identify potential contraindications (Abbott, 2017). In a subsequent study, Abbott (2018) found a bidirectional relationship between treatment planning skills and reflection on one's professional identity. They suggested that supervisors should intentionally support students in developing both skill sets, as such support may reduce fears and anxiety about clinical placement (Abbott, 2018).

Similarly, Wheeler and Williams (2012) asked students to maintain journals over four weeks of clinical training. These logs served as an outlet for expressing thoughts about supervision and other aspects of clinical practice, offering faculty and supervisors valuable insights into students' needs. Barry and O'Callaghan (2008) incorporated free-association journaling into supervision, finding that it strengthened analytical thinking, connected theory to practice, and deepened understanding of music therapy processes. Bae (2012) analyzed clinical logs to examine progression from emotional reflections to constructive

observations, including shifts in focus from self-centered to other-centered perspectives. While specificity and proactiveness in observing clinical responses increased, no significant changes in focus of attention or constructiveness emerged. The researcher suggested that greater clinical maturity is needed to interpret clinical processes without attachment to personal emotions (Bae, 2012). Collectively, these studies underscore reflection as essential for meaning-making during clinical training, yet most have emphasized individual reflection rather than collaborative approaches.

In addition to written formats, researchers have explored interactive and creative strategies for fostering self-reflection. Polen et al. (2017) suggested collaborative activities—such as improvisation or group performance—that encourage students to explore their relationship to music and how it informs clinical skill development. Supervisors reported using movement and music improvisation to support expression of feelings and reflection on clinical processes (c.f., Amir, 2001; Shulman-Fagen, 2001; Stige, 2001; as cited in Baker & Krout, 2011).

Baker and Krout (2011) applied collaborative songwriting as a means for reflection, asking students to co-create songs that captured positive and challenging clinical experiences. Thematic analysis of the lyrics revealed five themes: knowledge, fears, connecting with clients, personal growth, and sharing positive experiences. Students expressed insecurities about their abilities, anxieties about unfamiliar situations, concerns about rapport-building, and the value of self-care and authenticity, while also highlighting rewarding client interactions. This work demonstrated how collaborative, creative methods can surface complex emotional and cognitive aspects of clinical learning. However, research exploring structured peer-based reflection that explicitly links these processes to first clinical placement experiences remains limited.

Even with relevant coursework and preparatory activities, students in health professions often experience anxiety prior to their first clinical placement (Gelman & Baum, 2010). Self-efficacy in clinical work can influence confidence in one's skills (Bosch et al., 2017). In music therapy, the demands of rapidly developing clinical musicianship alongside a rigorous curriculum can contribute to high stress levels. Students who do not engage in self-care practices that promote awareness and reflection may experience even greater perceived stress (Moore & Wilhelm, 2019). Given these challenges, engaging undergraduates in group reflection may help demystify fears, concerns, and anxieties that can interfere with clinical competence, while also promoting deeper learning and self-awareness.

Despite strong evidence that reflection supports skill development, self-awareness, and professional identity in music therapy students, researchers continue to largely focus on individual reflective practices. Few researchers examined collaborative approaches, particularly those embedded in structured research experiences, that address the unique challenges of students' first clinical placement. This gap matters because peer-based reflection may surface shared concerns, normalize common anxieties, and foster collective meaning-making—outcomes that could strengthen clinical competence and reduce stress.

The present study addresses this gap by engaging undergraduate music therapy students at a small private university in a collaborative reflection process using the *Memory Work* methodology (Stephenson & Kippax, 2017) within a Course-based Undergraduate Research Experience (CURE; Bangera & Brownell, 2014; Dvorak & Hernandez-Ruiz, 2019; Dvorak et al., 2020), to explore common themes and new insights from their first clinical placement. The course instructor served as the primary investigator. In the context of music therapy education, CURE projects may support skill development and prepare students for further clinical or graduate research (Dvorak et al., 2020). As researchers engaged in this CURE project, we sought to address the following research questions:

RQ1: What common themes emerge from collaboratively reflecting on our memories of our first clinical experiences with music therapy clients?

RQ2: How do these shared reflections contribute to new insights about our growth and practice as emerging music therapists?

Method

Memory Work is a research methodology that involves collectively examining common experiences. Thus, researchers find meaning from connections that arise from various human experiences. Also, it facilitates collective sense-making of individual experiences, contextualizes them in the present, and informs future action. Memory work does not offer a causal explanation nor a biography. Rather, it provides a way to rethink information and draw insights and conclusions (Stephenson & Kippax, 2017). Memory work entails writing a memory in third person structured around a main theme or question. According to Bryant and Bryant (2019),

> Memory work is an approach that enables emotions to come to the fore, particularly emotions that are not easily voiced. Through processes of writing in the third person and time for analysis and rewriting, the approach provides distance and space for the emotional and sensory to emerge. Memory work facilitates the discovery of the tangible and intangible aspects of sensations that may not emerge from other qualitative methods like semi-structured interviews. (p. 527)

In this exploratory qualitative study, we (seven undergraduate students enrolled in a junior-level research methods class and the instructor of the course) used the Memory Work methodology to engage in collaborative reflection on first clinical experiences. Memory work involves a cyclical and participatory process where participants write detailed memory narratives in response to shared prompts, followed by collective analysis and reflection. Unlike a single data collection method, Memory Work integrates both data generation and analysis within its framework, emphasizing collaborative meaning-making. In this study, Memory Work guided the overall research design, participant engagement, and analytic approach, with data collection methods including individual memory writing and group discussions. While the study is exploratory in nature, Memory Work provides the precise methodological foundation underpinning this research.

Data collection for this CURE occurred in Fall 2019. The Institutional Review Board of the university determined that this project did not meet research requirements as identified by federal regulations (45 CFR 46.102L) and therefore no oversight was needed. All the students involved signed an electronic assent form allowing the primary investigator (PI), who was the instructor of the course, to analyze the data and write the manuscript for publication. The PI emailed a draft manuscript to all former students and solicited feedback (member check).

Positionality Statement of PI

Positionality and rationale for CURE implementation

As the course instructor and primary investigator (PI), I sought to integrate a CURE into the curriculum. In our program, students typically complete a research methods course meeting AMTA competencies, culminating in individual research proposals, but implementation execution requires enrollment in an elective course that not all students can pursue. Embedding active research within the required curriculum aimed to provide equitable opportunities for experiential learning diving deeper into understanding of

scientific processes while democratizing access to research experience. In relation to the topic, I was curious to learn more about student lived experiences regarding their clinical training.

My interest in this project was shaped by dual roles as educator and clinical supervisor. While I had supervised some of the students involved in this CURE project in later placements, I was not their supervisor during their first clinical experience. This distinction is important as my curiosity about their lived experiences stemmed from a desire to strengthen mentorship skills and understand how students best learn when they first start clinical training. This yearning may have affected my interpretation of the data.

Influence of identity and supervisory style

My supervisory approach tends to be directive and structured, reflecting strategies that supported my own professional growth. While effective for some learners, I recognize that such a style may not align with the needs of beginners. This supervisory approach preference may have affected interpretation of data when it comes to making inferences regarding supervision approaches. Furthermore, I acknowledge that my identity as a cisgendered educator who identifies as female, including my immigrant to US status, creates potential barriers to communication, expectations and shapes classroom dynamics. As such, my identity and role in the classroom may have affected the authenticity of the experiences that students were describing during data collection. To mitigate such barriers, all exercises relevant to the CURE project were 'ungraded' assignments of the course (c.f., Rapchak et al., 2023). Also, during the discussions and student reflections, I adopted a passive (or mirror) facilitator without interjecting any interpretations or feedback to avoid influencing opinions.

Authorship, analysis, and dissemination

Last, clarification is warranted regarding how student voices shaped analysis and dissemination. During the semester we completed data collection, I scanned the data for preliminary emerging trends and shared thoughts with the students. The discussion which emerged was a classroom learning experience which focused more on how to compare what knowledge is gained through qualitative versus quantitative sources. At the end of the semester, all the students involved provided written consent for analysis and manuscript preparation, including co-authorship agreement. This agreement outlined author order based on equal contribution to data collection, and permission for co-authorship order modifications depending on additional involvement with the manuscript. As the PI, I committed to sharing drafts for review and incorporating feedback during revisions[1]. Preliminary findings were presented collaboratively at the Southeastern Regional Music Therapy Conference (Spring 2020). Due to COVID-19, further student involvement in analysis was limited; however, graduates contributed input on journal selection, favoring open-access publication to maximize accessibility. During the review process, all the authors of the manuscript received links to the manuscript prior to each submission revision with ample time to comment and suggest revisions.

[1] All students provided a non-university email address for correspondence and signed a statement acknowledging that the PI will make the best effort to reach out at the email addresses they provided and allow a minimum of a week to edit and comment during preparation/revision of the manuscript. The agreement stated that if no responses are received within a week of email communications that the PI has permission to proceed with the manuscript.

Participants

Because memory work as a methodology requires collective inquiry, all the students (n = 7) who were enrolled in MTH 420 Research Methods of Clinical Practice at Queens University of Charlotte (Charlotte, North Carolina), for Fall 2019 and the instructor (n = 1) who taught the course participated as co-researchers. Four students were classified as traditional, and three students were post-traditional undergraduates. The students were either first semester juniors or seniors in the program. Since all students began their clinical experience in their first semester, they all had a minimum of five clinical training placements by the time they participated in this study. Specific demographic data of the student participants were not included since individual differences (such as gender, age, race or nationality) and cultural identity was not the focus of this study. Furthermore, the aim was to focus on universally applicable insights, making demographic distinctions unnecessary.

Procedure

The first step in the data collection process included completing a "Thick Description Assignment." The course instructor/PI explained that thick descriptions can be a qualitative data collection tool for capturing memories, recollecting personal stories and providing opportunities for reflection. She then presented examples of thick description stories in class. Next, the course instructor asked the students to think of an episode, action, or event that happened during their first clinical experience/placement as first year students. The instructor asked them to focus on a significant experience, defined as a moment that was meaningful, or one that offered them insight or discovery. Then, she created an assignment for all the students with the following prompt "You will write a memory of a particular episode, action or event, from your first semester of clinical experience, in the third person (using your pronoun of choice)." She asked them to limit the description between 500-1,000 words, and write in as much detail as possible, including even inconsequential or trivial details (adding that it might be helpful to think of a key visual image, sound, taste, smell, touch).

The second step in the data collection process involved all the students reading their thick descriptions in class. The instructor provided a handout of a data collection table and instructed each student to take notes during the read-aloud of the thick descriptions. The table included the names of all students with corresponding space to write down any words or key phrases (using the same language that the reader offered) that stood out to them while they listened to each thick description. Each student listened to the stories/thick descriptions, without commenting and simply engaged in the in vivo coding process. This second step was conducted during one class period.

The final step of data collection involved participating in a focus group discussion. The discussion began with each student expressing thoughts and ideas they wrote down for each thick description. The verbal prompt was "what are your thoughts and ideas about (student name)'s memory?" Once each student expressed their thoughts and ideas for that individual, we transitioned to discussing the thick description of another student. After each student in the group received feedback from all the other members about their memory, we expanded the group discussion using the following prompts: "What are some similarities between the memories shared? What are some differences between the memories shared? Any clichés? Any pre-conceptions about what significant moments in clinical experiences ought to be? Or theories about what significant moments in clinical work ought to be? Let's re-examine…anything not written in your memories (but might be expected to be)?" These prompts were directly derived from Stephenson and Kippax's (2017) recommendations for data gathering methods for memory work. The final step of the data collection occurred during two consecutive class periods.

Trustworthiness

Credibility was enhanced through the inherently collaborative process, where participants engaged as co-researchers in writing, sharing, and reflecting on their memories. Moreover, co-researchers were involved in reviewing themes for a draft version of the paper that was presented as a research poster during a regional conference. Member checking was conducted when the primary investigator (PI) shared a draft of the manuscript with all participants to solicit feedback and confirm interpretations. Participants also provided feedback during subsequent revisions of the manuscript. Dependability and confirmability were supported by maintaining a clear audit trail documenting each step of data collection and analysis, including transcription, coding, and theme development. The PI also engaged in reflexivity by acknowledging personal positionality and potential biases throughout data interpretation.

Data Analysis

The final step of data collection (the focus group discussions) was videotaped. The video recordings were imported into an automatic captioning program, and the first author/PI reviewed and corrected the captions as needed. The resulting transcript was extracted for data coding purposes. Although qualitative data analysis methods were introduced during the course, time constraints prevented direct involvement of the student researchers in the coding process; therefore, the course instructor, as the PI, conducted all analyses. Preliminary findings were presented collaboratively by the students and the PI at the Southeastern Regional Conference for Music Therapy as a research poster. For this manuscript, the analysis was completed using manual coding through the open-access software Taguette (Taguette Project, n.d.) combined with use of ChatGPT version 4.1 (OpenAI, 2025) as a supportive tool for clustering information.

The coding process began with a descriptive first cycle (Saldaña, 2021) aimed at capturing the range and variety of participant opinions. The PI summarized passages with nouns to encapsulate the topics discussed, producing a categorized inventory/index that represented the student participants' realities. This initial coding was semantic in nature (Braun & Clarke, 2006; Braun & Clarke, 2012; Braun & Clarke, n.d.) and focused on the explicit content through which students identified significant moments, without interpreting beyond what was said or written in their thick descriptions. In the second cycle of coding, the research questions, as recommended by Saldaña (2021), served as thematic statements guiding the PI's interpretative analysis of patterns of meaning. The PI applied a constructionist approach to capture the realities embedded in the data relevant to the research questions (Braun & Clarke, n.d.). Finally, a reflexive re-examination of the data was conducted by the PI to enhance the depth and rigor of the analysis.

Findings

Initial Analyses

The first cycle yielded 54 semantic nouns that served as codes capturing single ideas associated with specific segments of data. The frequency count for each noun (how many segments of data corresponded to each noun) varied; the numbers though are not reported in the results because the focus was not on content analysis. Once the 54 nouns were identified, the PI engaged in reading all coded segments and generating short descriptive statements capturing the essence of what ideas or actions each noun related to. Writing those statements was a reflective process helping organize the data into manageable pieces and capturing the PI observations (Braun & Clarke, 2006; Braun & Clarke, 2012; Braun &

Table 1. First Cycle of Data Collection Using Nouns.

Semantic Nouns	Corresponding Descriptive statements
Adaptation	As refining a music-based experience over time. As deviating from plan: Plan gives sense of control but being able to adapt may help meet goal—but being able to adapt or deviate from plan is not easy for beginning therapists.
ASL	Successfully integrating outside knowledge or pre-existing skills in session. Teaching client how to use ASL.
Awkwardness	Not knowing how to introduce oneself to the client or family for the first time.
Breath	Breath for prep prior to starting session. Breath as changing demeanor of therapist prior and during session. Breath as a clinical goal. Breath as a sign of relief when client gets it.
Anticipation	Cleaning while waiting for supervisor to arrive prior to session. Nerves building up in a sort of nervous excitement as waiting for session to start.
Breakthrough	Responsiveness to a communication bit (e.g., uses sign language). Improvement in doing a skill that was targeted through a music experience. Understanding why, how and in what ways music therapy works—like everything clicks in place.
Capability	Realization that we are capable of doing this—just like our clients are capable. What we do with our clients tends to match to what our strengths are.
Comfort	Feeling like we are doing the right thing for the client without being stressed about it, even if it does not meet a goal or an objective in an obvious way.
Confidence	We build our confidence by seeing how an experience is helping a client make progress. Confidence arises where there is a therapeutic bond. Aha moments lead us to becoming more confident.
Connection	Exchanges of positive affect or eye-contact between therapist and client. Sustained social interactions occurring in session. When goals are accomplished by client doing things more independently, then I know that everything is working and I can see me doing this profession in my future. Like it all makes sense. Sustained social interactions occurring in session. Transitioning from client “avoiding” you to making a connection via using ASL. Connection is not just with the client but also their caregiver. The aha moment comes when you tangibly can sense a

	connection with the client. Like when all we have learned makes sense—it clicks and connects. The emotional connection that the clients can express (e.g., giving us a hug) makes it worthwhile.
Continuity	In seeing the clients you have worked with in the past continue to come to the clinic. Supervisor giving updates about family (due to building issues renovation it was not accessible for them to come that year). Client continues to recognize therapist and becoming excited.
Coping skill	Different for different people: asking for help, adapting something, conversation about the session, but all led to the same "aha" moment that we want to be in this profession.
Creativity	Affirming that the intervention described was creative…like peer-to-peer validation.
Difficulty	Perceived difficulty in recalling information but all surprised they were able to do it with clarity.
Directions	Student stressed out if client will understand and 'listen' to her directions.
Discovery	Similarities identified as all having a moment of "aha" or discovery, all nervous and stressed, thoughts of failing, feeling put on the spot.
Encouragement	Supervisor saying you are ready for this. Encouraging words of supervisor make me feel better.
Excitement	When there is no separation between client and therapist the student is excited because they feel accomplished. When everything comes together and everything clicks. When client achieves goal (got too loud with excitement). Positive words of encouragement when excited by client being successful. Contagion—also feeling excited when witnessing client being excited when they arrive for music therapy. The moment excitement kicks in, the nerves are gone and there is a sense of relaxation.
Failure	When bad sessions happen, we have to keep going. Failure may also look like I am not sure I know what I am doing. Failure may cause us to go back and break down moment to moment to find what works.
Field of study	All could distinguish a moment where they feel they made the right choice. That "aha" moment of I chose the right field may come from a client having a breakthrough or accomplishing something you were working on for a while. Seeing a client's potential links to thoughts of "I choose the right field of study." Moments of doubt are common amongst all. Pathway is that the moment there is realization that this is

	my field of study, the nerves are reduced. Being nervous is a huge part in leading us up to the "aha" moment of this is what I want to study.
Flexibility	Flexibility is having a plan but going with the flow if it serves the client better.
Goal	Seeing accomplishment of goals helps us understand the end result. Seeing clients achieve goals helps solidify aspirations about MT as a career. When a goal targeted through an intervention is met, there is excitement. Excitement when treatment goal is met. Sometime a goal that helps a client can also help the therapist (breath). Even though everyone has a different goal, when we see those met in different settings, we all have an AHA moment.
Grade	Nerves are connected to grade and how it will be affected, particularly if needing to ask for help.
Guilt	I feel guilty for needing to ask supervisor to step in or asking for help.
Help	Sometimes we have this mindset that we have to do everything on our own. But it is OK to ask for help. Feeling that you need assistance is something that causes nerves. But it is important not to let that anxiety overtake you and to say, 'this is not working I need help.' The nervousness of asking for help may be related to thoughts on how asking for help is affecting one's grade. A relationship of trust with supervisor makes asking for help easier.
Illness	Vocal rest due to overuse was maddening and frustrating despite understanding the importance of it.
Impact	You may not realize the impact you have made until the end of the semester and the client has moved on to another therapist—the impact is mutual. You are affected by clients because they have an emotional impact on you as well. And that impact on you emotionally is amplified when you see them make progress.
Intervention	"Sweet Caroline" as a session experience that fits the interests of the students and also cues practicing breathing.
Mindfulness	We all relate to needing a moment to collect thoughts and be grounded prior to starting session—for some is a breath, for others is a prayer. It helps with nerves.
Nervousness	When nervous I have routines, such as going over and over things to make sure I am prepared. Encouraging words by supervisor make me feel better. Nerves affect us physically = e.g., shaking voice. Continuously checking watch to see if it is time for client to arrive—jitters prior to session start. Overpreparing may help you feel on top of things which can calm nerves. Might be able to calm down after session starts.

	Being nervous leads to self-doubt. Nervousness arises from 'what if…' thoughts. Nervousness also affects us physically like not pronouncing words, speaking faster, or needing to enunciate better. Act through stress, like smile through teeth. Waiting for client increases the anxiety like the pre session waiting. As I get going, and have a mind/attitude of, "I got this," it can help ease nerves as the session progresses. Sometimes, even the client can sort of encourage us by how they are in participating with what we planned. Listening and being present with the client in the session lessens nerves. The mindset of "I am going to have to do this by myself" may increase nerves and prevents asking for help. Nerves affect us physically, like increasing heart rate, particularly when hesitant to ask for help. Resilience is our way of coping with nerves. If the client is engaging and exploring, it helps with our nerves. All of us had thoughts of "what if I fail?" and that created the feeling of being on the spot anxious and tension. 'What if it does not go right?' We all transition from nerves to relief we made it. The anticipation for the session built up the nerves and we all had that "aha" moment and the nerves eased. We all experienced nerves based on the music experience we have planned and not knowing how it would go. Our interaction with the client framed how we all felt nerves. We all had those moments of anxiety that I am not sure I know what I am doing, which increased our nerves.
Observation	Connections happen when we take time to observe. There is a part to observe to see and understand prior to starting. If you have life skills, you might be more eager to jump in, but missing observation is missing key info.
Patience	Sometimes you have to be patient and observe the client and how they are playing. A trend across all is the idea of patience. We have to be patient for the moment where our hard work has paid off (referring to goal achieved and finding the comfort). Trend for all to wait patiently for session to start.
Plan	Having a plan needs to be balanced with thinking on your toes. If something is not working, how can I make it better? Letting go of the plan can give a sense of agency/control to the client. Those situations facilitate more client response and engagement. A setback in therapy or a bad session can prompt us to look at our plan and revise it.

Potential	Our clients are talented in the way they respond to music regardless of disabilities. When I allowed myself to explore the music with my client, I saw in him the potential he had.
Prayer	Clears my mind prior to the session so I can focus on the client. A meditation to center self, prior to session is something all relate to.
Pre-knowledge	Other knowledge like ASL or extensive piano or guitar skills comes in handy. Bring in songs that we are familiar with in session.
Preparation	Being extra prepared compensates for being nervous. A student identified as meticulous and prepared, and it came out in the thick description. Preparation linked to feeling situated and confident. We all hinted about different ways of preparing for our sessions. We all had our peculiar ways of preparing to start our sessions.
Progress	Progress in clients equates with us feeling more confident.
Reassurance	It helps to have reassurance from our supervisors that things will be OK, you will be OK leading the session.
Redirections	It is about the type of support provided to the client to help them be successful.
Relationship	Giving our client space to explore (prior to going into a pre-planned task) builds the therapeutic relationship. Part of the therapeutic plan is not just what we plan and were it leads as far as outcomes, but also how we build that therapeutic bond and relationship. Sometimes the relationship involves building connections with families and caregivers. Building relationship with the family. Our comfortability increases when we feel we have a therapeutic bond with the client.
Relaxation	While I am doing a specific experience, I forget that I am anxious and start smiling and then all of a sudden, I am enjoying myself. A sense of relaxation builds up when I realize that I am excited doing what I am doing.
Relief	Everything you have planned comes together and thus you feel a sense of relief and just like you can scream out of excitement. Our own breath brings a sense of relief—sigh of relief… they got it. We all started nervous then we transitioned to relief—we made it. Similar flow, anticipation, to waiting patiently, and then having that moment of realization where our nerves are gone, we feel relief/relaxation and excitement—similar elements to all of us.
Resilience	Even through our nerves, the fact that we persevere is

	equated to resilience.
Self-doubt	What if I cannot do this? Feeling guilty if I am feeling like or thinking like I am doing something wrong. We all have moments of doubt. Asking for help or knowing that I need help makes me self-doubt. Self-doubt is related to me disappointing the client. Self-doubt arises from not knowing what I need to do.
Smell	I miss the smell of the building. Same as above/that smell. I am always going to smell… Clorox wipes… = music therapy.
Smile	Sometimes your cheeks hurt because you smiled so much in a session.
Suggestion	Description of how (name of supervisor) gave suggestions and waited for you to complete something or figure it out, rather than inserting himself completely.
Support	Providing the right supports for clients (visual or hand-over hand) is not something easy to do or figure out. Reference to (name) as supervisor for support and that all teachers support them in differing ways. Support is not just encouragement; it also involves challenging us (the students). When leading sessions with partner we got to figure out how to support each other because we may have different styles. Also, sometimes, it is good to lean on peers and ask for help. Let's go cry together (a small family) also referring to a pod of 7 for the class.
Time	Our "aha" moments do not happen the first session, sometimes it can take up to a year.
Transition	Transition from feeling insecure to feeling accomplished and independent as you get more comfortable with the client.
Trust	Our supervisors trust us to simply watch from the observation window and only jump in if we need help.
Validation	More of a universal acknowledgement that validation from supervisors is needed.

Clarke, n.d.). Table 1 includes all the semantic nouns and corresponding descriptions generated by the PI.

Further reflection aimed to identify how those descriptive statements clustered together into categories relevant to the research questions. The PI read the descriptive statements multiple times shifting them to create central organizing concepts. The PI focused on identifying patterns in the dataset relevant to the research questions. While performing this task, the PI questioned how her background was influencing emerging data, particularly what may have been catching her attention and guiding her analysis. To ensure the consistency of coding, the PI compared manual coding with themes generated using ChatGPT version 4.1 (Morgan, 2023; OpenAI, 2025) as a supportive tool. The AI prompt used was "Can you derive themes from these data?" Combining manual coding with AI resulted in descriptive groupings of data—capturing what the participants talked about—without interpreting meaning, as indicated in Table 2.

Table 2. Categories and Associated Codes.

	Categories	Associated Codes
1.	Professional Growth & Learning	• Adaptation (refining experiences, deviating from plans) • Confidence (built through experience, therapeutic bonds, "aha" moments) • Capability (realizing personal and client potential) • Flexibility (balancing plans with responsiveness) • Preparation (overpreparing to compensate for nerves, meticulous planning) • Field of Study (confirming career choice, overcoming doubts) • Resilience (persevering through challenges, continuing despite nerves) • Self-Doubt (fear of failure, uncertainty, needing reassurance) • Encouragement & Validation (support from supervisors and peers)
2.	Emotional Journey & Psychological Responses	• Nervousness & Anticipation (waiting for sessions, overpreparing, physical effects) • Relief & Relaxation (moment things "click," breath as relief) • Excitement (when client succeeds, when therapy flows well) • Guilt & Asking for Help (feeling bad about needing support, impact on grades) • Failure & Coping (bad sessions, learning from setbacks, coping mechanisms)
3.	Connection & Relationship-Building	• Therapeutic Bond & Connection (eye contact, social interaction, caregiver involvement) • Trust (between student therapist and supervisor, between therapist and client) • Support (peers, supervisors, therapeutic support for clients) • Observation & Patience (waiting for moments of connection, reading client cues)
4.	Therapy Process & Impact	• Breakthroughs & Progress (client achievements, communication breakthroughs) • Intervention & Creativity (crafting experiences, using personal strengths) • Goals & Outcomes (meeting goals solidifies confidence in the profession) • Impact (realizing mutual influence between therapist and client) • Redirections & Adjustments (shifting approach when needed) • Continuity & Time (long-term client growth, recognizing past clients)

5.	Personal & Sensory Experiences	• Breath & Mindfulness (as a grounding technique, as a clinical goal) • Prayer & Centering (mental preparation before sessions) • Smell & Sensory Memory (associating environment with experiences) • Smile & Physical Expressions (joyful reactions, emotional contagion)

Themes and Patterns of Meaning

The final step of the data analysis involved interpreting the underlying meaning or significance of the categories (see Table 2) in relation to the research questions. The PI focused on answering the question of "What do the categories in Table 2 reveal about their experiences?" and translating the categories (pattern-finding) into themes (meaning-making). Together, the themes below illuminate common characteristics arising from collaborative reflection on first clinical experiences (themes 1, 3, & 4). Moreover, they illustrate emotional, sensory and relational dimensions that deepen understanding of the students' growth and challenges (themes 2 & 5).

Theme 1: Resilience in clinical placements is a catalyst for professional growth

Participants reflected on their professional growth as emerging music therapists, particularly through developing flexibility and adaptability during sessions. Students described refining specific music-based experiences after repeated practice and learning to deviate from pre-planned activities when responsiveness to their client's needs called for it. This ability to balance structured plans with being "malleable" in the moment was seen as a key element of therapeutic success, though it was challenging for most of the participants. As one student shared, "Because you were able to adapt and be malleable like it gave you the therapeutic outcome that you were really looking for, which is…. (pause) sometimes can be hard for I think all therapists, but especially like new therapists like adapting and not like being this is my plan."

Confidence grew alongside experience and therapeutic bonding, as students recognized both their own capabilities and those of their clients. One participant captured this realization, stating, "…our capability, no matter how limited we might have thought we were going into it, we realized that we are capable. But at the same time, we realize how capable our clients were…" Students also demonstrated resilience by persevering through challenges such as nerves, session difficulties, and fear of failure. One student reflected on this resilience: "I just kept thinking of the word resilience because, like even in how nervous you were and maybe even like fumbling a little bit, you still manage to, like, give your client a cue to pull off the cue yourself and then to acknowledge that, hey, maybe the way that I'm doing this isn't working. So I'm going to ask you for help, like. I don't think resilience is just about the way that you persevere, I think it's… like the way that you win a situation like that doesn't necessarily define resilience. Resilience is just like your way to keep going." Additionally, overcoming self-doubt and uncertainty through reassurance and encouragement from supervisors and peers was central to their professional development, supporting their commitment to the field.

Theme 2: Coping with anxiety in clinical settings is part of the emotional journey

The emotional experiences of students during their first clinical placements were characterized by anticipatory nervousness and physical manifestations of stress. Students described increased heart rate, rapid or unclear speech, and repetitive behaviors like

checking the time or repeating songs multiple times as ways to manage their anxiety. Despite these challenges, moments of flow and relaxation emerged during sessions, especially as clients showed success. One student captured this arc: "I thought that there was a similar structure in the way that we told our descriptions and our stories, like we had the anticipation waiting patiently and the session begins and then partway to maybe the end of the session to have that moment of realization. This is what I'm meant to do. And then all of a sudden, the nerves are kind of gone. They've subsided and this sense of relaxation builds up and a sense of excitement."

Students also discussed feelings of guilt associated with seeking support from supervisors, fearing negative impacts on their grades. Learning from "bad sessions" was part of their emotional growth; setbacks were reframed as opportunities to develop coping strategies. As one student noted, "I got to pick my head up and move on and keep doing what I'm doing because there are good moments that pay off."

Theme 3: Building therapeutic relationships and support networks foster trust and emotional safety

The importance of forming therapeutic bonds with clients was a prominent reflection across participants. These bonds were cultivated through social interactions during sessions, as well as through efforts to connect with caregivers prior to sessions. Trust was emphasized both within the therapeutic relationship and between students and their supervisors. Increased autonomy in clinical sessions was seen as an expression of supervisor trust, exemplified by one student's comment: "… instead of the supervisor being in the room with you, he trusted you enough to be one on one with the client, but he was still readily available to come and help."

Peer support also played a significant role in the students' experience. Describing their cohort as a "little seven pod family," one student highlighted how this network provided emotional safety and validation: "I need like ten minutes… Let's go cry together." Support from faculty and supervisors was framed as both encouragement and a challenge pushing students to higher levels of skill and insight: "I think the support is a big part of why we are the way we are and how we are. And it's crucial to our growth because if we're not being pushed here, then it doesn't challenge us to take our approaches to the next level."

Observation was another key factor in building therapeutic relationships. Students noted that when they had opportunities to observe clients while supervisors led sessions, they gained important insights. They also honed the patience necessary to connect meaningfully, even when eager to engage more directly.

Theme 4: Understanding the therapy process and its impact cultivates professional insight and fulfillment

Students identified moments of client progress and communication breakthroughs as deeply affirming, reinforcing their commitment to music therapy. Despite varied goals and objectives, each student described experiencing an "aha" moment when their client made meaningful advances. One participant expressed this realization: "I got the understanding of how this works, why it works, and I can continue to do it for however long I decide to do it."

Therapeutic planning initially relied on students' personal strengths, such as familiar songs or instruments and previous knowledge, such as American Sign Language (ASL). However, creativity and flexibility became essential as students adapted approaches to better facilitate client responses. They acknowledged the bidirectional impact of therapy, feeling emotionally invested in the process. One student reflected on this mutual influence: "Sometimes it may seem like nothing is happening and then you disconnect and you realize

that you have made this like long standing impact on them and you realize that it's mutual, like you made an impact on me that's like a really cool place to be." In addition, students noted that rigidity in session planning was unhelpful and that adapting their approaches was necessary. The joy of being recognized by returning clients in clinic hallways further contributed to their sense of professional fulfillment.

Theme 5: Sensory awareness and personal presence support preparedness

Maintaining presence and grounding before sessions emerged as an important strategy for students to center themselves and foster calm. Techniques such as breathing exercises and prayer helped students feel more focused and prepared, sometimes aligning with clinical goals for clients. One student noted the shared benefit of breathing techniques: they helped both themselves and their clients. Sensory details of the clinical environment, including the distinctive smell of Clorox wipes, became embedded in students' experiences, even evoking humor as they associated these sensory cues with their developing professional identity.

Students frequently described smiling during sessions, sometimes to the point that their "cheeks hurt," reflecting genuine joy. Emotional contagion was common; observing clients' excitement for music sessions often lifted the students' own mood. As one student shared when responding to a peer "Watching their client being excited about music was enough to switch the student's mood to positive."

Reflexive Analysis

In this section, the first author (PI) adopted a more reflexive stance, interpreting the data through her own background and experiences. The goal was to document and examine which patterns caught her attention and use her own experiences as a music therapy educator and clinical supervisor as a frame for further analysis. Thus, this portion was written in first person.

I used the two research questions as the frame guiding this analysis. From the perspective of an educator and clinical supervisor, it is striking for me to observe the common patterns as students navigated their first clinical experiences. Across reflections, I noticed a universal tension between preparation and uncertainty. Even when students arrived meticulously prepared, the reality of the session introduced variables they could not have anticipated. This uncertainty and unpredictability of sessions created a natural cycle of nervous anticipation, self-doubt, and moments of adaptation, all of which are crucial learning experiences.

A key aspect that stood out to me is the emotional weight of early clinical work. Students often entered sessions with a desire to "get it right," yet quickly learned that therapy is not about perfection but instead about presence and responsiveness. The fear of failure emerged as a common element. Also, a reluctance to ask for help was part of the student discussion, something that the students identified both an obstacle and a valuable moment of self-awareness. As an educator, I understood that my role as a supervisor was to normalize these experiences and provide a framework where students understood that vulnerability, including asking for help, is a sign of growth, not weakness.

It was meaningful to witness the shift from task-oriented thinking to relational engagement. Initially, students focused on planning their session structure, addressing specific goals, and selecting interventions. However, as they gained experience, there seemed to be noticeable transition toward recognizing the significance of connection—both with clients and their caregivers. Students recognized that deviating from pre-planned activities to follow the client's lead in a flexible manner, when applicable, supported relation building. The realization that a client's small response, a moment of

engagement, or even shared eye contact can be just as impactful as achieving a therapeutic goal seemed to be a profound "aha" moment for the students. Those "aha" moments may occur when students begin to see themselves as therapists and they moved from uncertainty to a sense of belonging in the profession. I believe that for the group of students involved in this study, this transformation, though gradual, was reinforced by supervisory encouragement, peer validation, and the direct experience of witnessing client progress.

As educators and supervisors, the process of listening to students' reflections may provide invaluable insight into their evolving sense of self as therapists. Reflection reveals not only the cognitive aspects of learning but also the emotional and psychological shifts that occur as students navigate clinical work. What stood out to me as a critical insight is that for the students in this study, growth was non-linear. The students seemed to cycle through moments of self-doubt, breakthroughs, and setbacks. When they reflected on their experiences, they seemed to recognize this pattern. Perhaps the experience of 'memory work' may have allowed them to identify that tolerance for uncertainty is part of clinical growth. This tolerance is essential, as flexibility and adaptability are foundational to becoming a skilled clinician.

Another significant realization was the importance of therapeutic presence over rigid planning. The students in this study may have initially felt that success was determined by how well they executed a session plan. However, through reflection that took place while completing the steps of this methodology, they seemed to understand that therapy is about attunement, responsiveness, and meeting the client where they are in the moment. The shift from "Am I following the plan correctly?" to "Am I present and responding to my client's needs?" marks a critical step in professional development and was something that I witnessed the students indirectly express through their comments, particularly during the third phase of data collection.

I recognize as an educator that the responses of the students and their discussions highlighted the role of support and supervision in shaping student confidence. Many students recalled a supervisor's words of reassurance as pivotal in their ability to persevere through moments of doubt. This need for reassurance underscores the importance of creating an environment where students feel safe to ask for help without fear of judgment or impact on their grade. When students see supervisors as both supportive and challenging—offering guidance while allowing them to struggle productively—they develop the resilience necessary for independent practice.

Finally, listening to students' reflections reinforced that impact goes both ways. While students focused on their role in facilitating client growth, they realized through reflection that their clients profoundly impacted them as well. Recognizing a client's progress, sharing in their joy, and witnessing moments of genuine connection reaffirmed why they chose this field in the first place. As educators, inviting our students to consider such impact may also be a factor that can support them when they experience moments of doubt. As a clinical supervisor, these insights reminded me that my role is not just to teach skills but to foster a mindset—one that embraces adaptability, values connection, and acknowledges that discomfort is often the precursor to growth. By encouraging deep reflection, I believe that we help students integrate their experiences into a framework that will guide them far beyond their first clinical placement experience.

Recognizing Absent Voices

Memory work captures collective sense-making of shared experiences. Yet, this methodological choice also entails the absence of other voices embedded in the memories themselves. Even though students' narratives frequently invoked clients/session participants and supervisors, these individuals were not participants in the study. Thus, their experiences are not captured or represented. Clients/session participants were not

included due to ethical constraints and the pedagogical scope of the project. Likewise, clinical supervisors were not included to preserve students as the primary interpreters of events, emotions, and interactions. Recognizing these absent voices is essential, as students' memories inevitably carry assumptions about others' experiences.

Discussion

In this exploratory qualitative study using Memory Work methodology, the students collectively examined their individual memories regarding their common experience of their first clinical placement. After writing a thick description, the students read it aloud in class. The subsequent group discussions allowed the student participants to share and discuss those memories in a collective manner offering rich insights into their professional growth, emotional challenges, and relational development during early clinical training. While the students did not explicitly practice direct or objective observation skills, engaging in collaborative memory reflection likely supported an increase in self-efficacy and fostered a sense of professional identity (Abbott, 2017)—what Kim (2012) terms "collective self-esteem"—which may help buffer against burnout. This process of collective reflection allowed students to meaningfully interpret their experiences together, creating a shared understanding that may be particularly valuable during the vulnerable early stages of clinical education.

According to Waldeck et al. (2021), adaptability is an inner resource that allows an individual to self-regulate or adjust in novel or uncertain situations. In this study, the students' early experiences in clinical placements revealed that developing flexibility and adaptability is both challenging and transformative. This theme echoes research in allied health professions highlighting adaptability with resilience in the workforce (c.f., Middleton et al., 2022). Indeed, participants highlighted the critical role of flexibility and adaptability in clinical work—skills that underpin the therapeutic process and are central to professional identity formation (Byers & Meadows, 2022). This ability to move beyond rigid, rehearsed plans and embrace "malleability" reflects a shift from dualistic thinking toward multiplicity, aligning with de L'Etoile's (2008) framework for clinical learning that emphasizes navigating uncertainty as essential to clinician development.

The findings in this study also underscore the complexity of perceived professional competency during initial placements. Prior researchers indicated potential discrepancies between supervisors' and students' perceptions of student growth and performance (Lim & Quant, 2018). Memory work, by promoting group reflection, may facilitate more flexible receptiveness to feedback and professional development suggestions from supervisors and peers, nurturing adaptive growth. This receptiveness to feedback might be an indicator of psychological flexibility, defined by Waldeck et al. (2021) as the ability of an individual to openly experience and accept negative thoughts and emotions with mindful awareness, while staying committed to taking purposeful personal actions aligned with their values. Since supervision is integral to development of self-awareness and self-efficacy (c.f., Lohani & Sharma, 2023), exercises involving collaborative reflection among music therapy students may play an instrumental role in supporting the type of psychological flexibility needed to integrate constructive feedback into practice.

Vulnerability emerged as students described their emotional journey and corresponding psychological responses to leading sessions. At the academic program of the institution where this study was conducted, the students begin clinical training their first semester. As a result, they have fewer observation opportunities, due to the nature of the clinical training sequence. Recent changes made to the curriculum now require additional observations the first year of academic study; however, the students who participated in the study did not benefit from required additional clinical observations prior to beginning

their first placement. Fewer opportunities for observations prior to beginning clinical work likely affected their confidence (Gooding & Standley, 2010). This gap intensified feelings of nervousness and uncertainty, which the students described in detail. Consistent with Moore and Wilhelm's (2019) findings of elevated stress in music therapy students, the frequent mention of "nervousness" in this study highlights the ongoing need for fostering self-care and emotional regulation strategies in clinical training.

Beyond individual experiences, systemic and cultural conditions within Western academic norms shape how students navigate early clinical training. Grading systems and performance-based evaluation may amplify anxiety and self-doubt, particularly when students perceive mistakes as threats to academic standing rather than learning opportunities. Alternative grading systems (e.g., specifications grading, standards-based grading, or un-grading; c.f., Kohn & Blum, 2020; Nilson & Stanny, 2023; Nilson et al., 2023) may reduce anxiety (c.f., Butler, 2025); yet, without timely and contextual feedback, they may create uncertainty regarding final grades (c.f., Zarate et al., 2024). In clinical training education in music therapy, additional research is needed on the implementation of alternative grading strategies and how these approaches may affect anxiety, self-doubt, and motivation. Such strategies may influence how students perceive "mistakes" during clinical work as threats to academic standing rather than learning opportunities. Limited access to supervision, whether due to institutional resources or scheduling constraints, can further compound these challenges, creating inequities in emotional support and skill development. Students participating in the study received between 15–30 minutes of one-on-one supervision after each session. This structure may have been adequate and effective for some students, yet ineffective for others. Both grading approaches and access to supervision underscore the need to develop pedagogical models that prioritize relational safety over hierarchical assessment.

Trust and relational safety emerged as central to growth, not only in therapeutic alliances with session participants but also in supervisory and peer networks. Early discussions of therapeutic alliance (i.e., collaborative engagement and client-centeredness; Morris, 2021) are essential, as novice therapists may initially default to rigid planning shaped by personal preferences. Facilitating students' understanding that therapeutic success often hinges on authentic connection and responsiveness, rather than strict adherence to predetermined plans, may support more effective clinical practice. Furthermore, the supervisory relationship may play a pivotal role in student development. Yet, participants reported difficulty in seeking support despite acknowledging supervisors' encouragement. These observations may underscore the importance of fostering emotional safety in supervision, which research links to enhanced sense of coherence—a perception of life's tasks as comprehensible and manageable—and overall wellbeing (Hiebler-Ragger et al., 2021).

Students' reflections also revealed how recognizing therapeutic progress whether in clients or themselves—deepened their professional commitment. Moments of client progress not only affirmed student commitment but also fostered deeper professional insight. The recognition of mutual impact within the therapeutic relationship aligns with contemporary understandings of therapy as a relational and co-constructed process. This reciprocal influence may serve as a vital source of motivation and fulfillment, reinforcing the meaningfulness of clinical work and promoting resilience. Such insights resonate with Heather and Dee's (2015) observations regarding trust and solidarity developed through shared reflective practices, suggesting that memory work exercises can contribute significantly to professional identity and emotional support.

Finally, being attuned to and aware of bodily experiences in the present moment surfaced as integral to the students' clinical experiences. Grounding techniques such as breathing exercises and prayer helped students manage anxiety and attune to clients. Embodying mindfulness practices is associated with enhanced therapeutic presence and

efficacy (Dunn et al., 2013). The vivid sensory details recalled, including the distinct smell of clinical environments, illustrate how these physical cues become embedded within professional identity formation. Positive emotional contagion, in which students' moods lifted in response to clients' excitement, further demonstrates the relational and affective dimensions underpinning early clinical engagement.

Overall, these findings suggest that reflection—particularly in a collaborative format—may support students in appreciating their progress, recognizing strengths, and refining clinical approaches. Professional growth during initial placements appears intricately linked to resilience, flexibility, and relational competence. Thus, a secure supervisory relationship and peer support might be crucial in cultivating the emotional safety needed for vulnerability and growth. The methodology of Memory Work might disrupt traditional hierarchies in music therapy training by positioning students as co-researchers rather than passive learners. This approach contrasts with conventional models that privilege instructor expertise and individual performance, instead creating dialogue among participants. Such democratization of reflection may contribute to a more equitable and inclusive learning environment, which in turn challenges norms that often reinforce power imbalances in clinical education. Music therapy educators and supervisors can draw several actionable insights from findings in this study. Table 3 summarizes these pedagogical recommendations for quick reference.

Table 3. Pedagogical Recommendations for Music Therapy Educators and Supervisors.

Focus Area	Practical Guidance
Normalize anxiety & teach grounding	• Acknowledge nervousness as a typical part of early clinical work. • Teach brief pre-session centering (breath, mindfulness skills) to support presence.
Frame flexibility as responsiveness	• Coach students to deviate from plans when client needs call for it. • Debrief how adaptations led to therapeutic outcomes.
Build trust & relational safety	• Offer consistent reassurance and challenge. • Articulate when and why you "stay outside the clinic room but remain available as a supervisor" signaling trust and emotional safety.
Leverage observation & patience	• Structure observation windows before and during placements. • Teach students to wait for moments of connection and read session participant(s) cues.
Strengthen peer support	• Facilitate Memory Work or other structured peer reflections to normalize shared challenges and cultivate collective meaning-making.
Emphasize therapeutic presence	• Shift emphasis from "perfect plan execution" to attunement and responsiveness. • Celebrate small relational indicators when culturally appropriate (eye contact, proximity, sustained interaction or engagement).
Address systemic stressors	• Reduce high-stakes grading around early placements. • Add ungraded reflective tasks or integrate low stake assignments. • Ensure equitable access to supervision time and resources.

Highlight mutual impact	• Invite students to reflect on bidirectional impact and moments of client progress as sources of meaning and resilience.

Note. Recommendations are derived from thematic analysis of student reflections on first clinical placements using Memory Work methodology.

Conclusion

In conclusion, "memory work" reflection exercises incorporated into class projects may provide vital emotional validation and community for undergraduate music therapy students as they begin clinical training. Such reflection exercises may also increase trust and solidarity (c.f., Heather & Dee, 2015). Expressed emotions, fears, and vulnerabilities shared by the participants in this project may be relevant to other students who may read this article and draw similarities to their own perceived thoughts, emotions and experiences. Moreover, clinical supervisors may find the information informative, since the emerging themes may have transferability to students who they are currently supervising. Limitations of this study, which may have influenced responses, include the inherent subjectivity of recalled information and memories, social desirability in group settings, and the time frame of data collection. While students' reflections referenced clients and supervisors, the findings reflect students' perspectives only and should not be interpreted as representations of client experiences or supervisory intent.

Future research could explore structured approaches to fostering confidence in novice clinicians, such as the impact of mentorship, reflective supervision techniques, and resilience or self-care training on student development. Additionally, examining the long-term effects of beginning clinical experiences on professional identity formation could provide valuable insights into how early challenges shape therapists' approaches to client care. Such work would inform educator and supervisor strategies, enhancing support for students' transition from learners to competent, reflective practitioners.

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Varvara Pasiali, PhD, MT-BC, Livingstone Professor of Music Therapy at Queens University of Charlotte, is a board-certified music therapist. She researches early intervention, resilience, prevention, socioemotional health, and family-based therapy. Main lecturing areas include applied clinical techniques, research methods, and psychology of music. Dr. Pasiali is a regular presenter at conferences and has published in various journals. She is an invited reviewer for music therapy journals including *Nordic Journal of Music Therapy*, *Journal of Music Therapy*, and *The Arts in Psychotherapy*. Currently she serves on the editorial board for *Music Therapy Perspectives* and *Approaches: An Interdisciplinary Journal of Music Therapy*. She also maintains a private practice called 'Apollo Music Therapy' in Charlotte, NC.

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