



Contents lists available at [ScienceDirect](#)

## The Arts in Psychotherapy



# Multicultural issues encountered in the supervision of music therapy internships in the United States and Canada

Laurel Young, MMT, MTA\*

Temple University, 2001 North 13th Street, Philadelphia, PA 19122, United States

### ARTICLE INFO

**Keywords:**  
Multicultural issues  
Music therapy  
Internships  
Supervision

### ABSTRACT

The purpose of this study was to examine the extent to which multicultural issues are being addressed in music therapy internships in the United States and Canada. Internships are pre-professional, supervised clinical training programs required for certification or accreditation as a music therapist. Music therapy internship supervisors ( $N = 104$ ) completed an online survey on demographics, multicultural training and experiences, cross-cultural issues encountered in internship supervision, and the extent to which multicultural issues are addressed with interns. Analysis of the data revealed that although the majority of supervisors had supervised interns from diverse cultural backgrounds, many had little or no formalized training in multicultural music therapy. It was also found that multicultural issues were not being consistently addressed within the context of music therapy internship supervision. Implications for supervisor training, music therapy internship supervision practices, and further research are discussed.

© 2009 Elsevier Inc. All rights reserved.

### Introduction

As cultural diversity in the United States and Canada continues to grow, music therapists are working with an increasing number of clients whose worldviews, cultural values, and experiences may be markedly different from their own. The same holds true for music therapy supervisors who supervise interns from a variety of cultural backgrounds who are in turn working with diverse clients. Some of these interns may be international students, who upon completion of their training return to their home countries to practice (Brotons et al., 1997). The myriad of multicultural issues involved in supervisory relationships can be complex and challenging for all concerned. It is ultimately the supervisor's responsibility to strive to create a productive working alliance with interns so that they develop the necessary clinical and professional skills. An essential part of this process is identifying and openly addressing multicultural issues that may arise within both supervisor-supervisee and client-therapist relationships. A review of the music therapy literature revealed that very little is known about multicultural issues in supervision. The purpose of this study was to determine the extent to which these issues are being addressed in music therapy internship programs in the United States and Canada.

### Related literature

Although the literature often focuses on specific cultural groups that experience diminished power and privilege, multiculturalism is actually an inclusive term that takes many significant reference groups into account, including those related to race, ethnicity, sexual orientation, gender, age, disability, and socioeconomic status. Sue and Sue (2003) state that "...an effective multicultural helper requires cultural competence...the ability to engage in actions or create conditions that maximize the optimal development of client and client systems" (p. 21). Components of cultural competence include: (a) the therapist's awareness of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, etc.; (b) active efforts by the therapist to understand the worldviews (values, biases, assumptions, etc.) of culturally different clients; and (c) the therapist's ongoing development and practice of appropriate, relevant, and sensitive intervention strategies and skills when working with culturally different clients (Sue & Sue, 2003).

While the idea of utilizing music specific to a client's culture is not new to music therapy practice (Darrow & Molloy, 1998), the need for music therapy to be placed within a multicultural context was first introduced by Moreno (1988), who stressed not only the need for music therapists to have a basic working knowledge of world music genres, but also an understanding of the cultural implications of musical traditions. Other publications, including Bright (1993), Moreno (1995), Ruud (1998), Kenny and Stige (2002), Stige (2002), Pavlicevic and Ansdell (2004), and Shapiro (2005), have also addressed a variety of ethnomusicological matters relevant to

\* 15 Gamble Avenue #201 Toronto, Ontario, Canada M4K 2H3.  
Tel.: +1 416 421 7694/480 5841.  
E-mail addresses: rlyoung@temple.edu, laurel.young@sunnybrook.ca.

music therapy. It is important to note however, that a multicultural approach to music therapy encompasses a vast array of cultural issues in addition to musical considerations.

As interest in multicultural issues began to increase, researchers began to gather relevant information about music therapy training and practice through surveys. [Topozada \(1995\)](#) examined the knowledge and attitudes of music therapists in the United States toward multicultural issues. Although results indicated overall support for cultural awareness in music therapy, the survey did not show how therapists integrated cultural knowledge into their sessions. Support was also indicated for multicultural training of students, but specific areas of need could not be identified as there was a lack of agreement among the respondents. Finally, statements utilized in the survey were somewhat leading, and respondents may have felt obligated to reply in a manner that was socially acceptable rather than fully truthful.

[Sloss \(1996\)](#) examined the nature of cross-cultural music therapy (i.e., wherein differences exist between the therapist's and clients' cultural backgrounds) in Canada. Sixty-nine percent of survey respondents considered cultural knowledge to be "important" or "very important" to their work as music therapists. Sixty-three and a half percent felt that their training in ethnic music was "not adequate." Also, 90% felt that an ethnic music course was "somewhat important" to "very important" for music therapy students. The strongest correlation was found between respondents who insisted on the need for a cross-cultural therapy course and an ethnic music course ( $r = +.75$ ). It is interesting to note that the term "ethnic" is utilized in a manner that implies "multicultural" or "cross-cultural," indicating that some music therapists may not be differentiating among these terms, although each does have its own distinct meaning.

[Darrow and Molloy \(1998\)](#) looked at demographic and multicultural information gathered from professional and student music therapists practicing in culturally diverse areas of the United States. They also examined twenty-five randomly selected training programs. They found that multicultural education was primarily addressed through general education classes and electives rather than through music therapy coursework. Survey results indicated that 62% of respondents felt that coursework in multicultural music was either "very necessary" or "somewhat necessary." Only 13% felt that university training in multicultural issues was adequate, whereas 75% felt very familiar with multicultural music. Fifty percent felt that the use of multicultural music and knowledge of cultural differences were important in their own clinical work.

A survey conducted by [Valentino \(2006\)](#) assessed levels of cross-cultural empathy among music therapists in the United States and Australia. A significant relationship was found between cross-cultural training and cross-cultural empathy scores (i.e., those with cross-cultural training demonstrated higher levels of empathy). Degree level, country of residence, and years of clinical experience of respondents had no significant relationship to cross-cultural empathy scores. These results suggest that all music therapists have the potential to increase cross-cultural empathy if given the opportunity to receive cross-cultural training.

Multicultural issues in music therapy have also been addressed in position papers and books. [Bradt \(1997\)](#) published an article in which she described multicultural issues in counseling and music therapy from an ethical perspective. She identified a need for increased attention to multicultural practice in training programs and suggested that this could be done in conjunction with courses in ethics and ethnomusicology. In her book, *Ethical thinking in music therapy*, [Dileo \(2000\)](#) included a chapter on multicultural perspectives in which she made recommendations for education and training. These included the integration of multicultural issues into the music therapy undergraduate and graduate curricula, and providing students with opportunities to have practicum experiences

with diverse cultures. She also stressed the need for music therapy faculty and internship supervisors to be culturally aware and competent. [Brown \(2001\)](#) wrote an article in support of culturally centered music therapy practice and advocated for the inclusion of multicultural material in training programs. She suggested that this be achieved through the development of first order (ability to communicate in a culturally appropriate manner) and second order (appropriate therapeutic intervention in a cultural context) skills. [Yehuda \(2002\)](#) collected information on how music therapists cope and what they perceive when treating clients from different and/or foreign musical cultures. She proposed that seeking out subtle common features of human experiences and their relationship to music can help to overcome musical barriers in multicultural music therapy relationships. In his book, *Culture-centered music therapy* (2002), [Stige](#) encouraged music therapists to examine the cultural components of all aspects of practice, including procedures, relationships, theories, and therapeutic frameworks. He proposed that this would help to formulate new directions in the field and promote needed changes in how clinicians think about current practices. [Dos Santos \(2005\)](#) described how group music therapy in South Africa can be defined by the inherent cultural levels contained in a community music therapy model of practice (i.e., individual in context, group member, community member, member of society, and groups of societies, [Stige, 2002](#)) and stated that music therapists must broaden their understanding in terms of what music therapy is if utilizing this model. Finally, [Vaillancourt \(2007\)](#) made a case for utilizing the practice of multicultural music therapy as a creative approach to humanistic leadership and social justice. Overall, these publications have indicated a need for increased attention to multicultural issues in music therapy training and practice, but there is little evidence to suggest how or even if any of the issues raised are actually being addressed.

[Chase \(2003a\)](#) conducted a literature review regarding multicultural music therapy practices in the United States and Canada. She concluded that music therapy professionals express strong interest and have a high level of comfort in providing multicultural music therapy, but feel ill-prepared by their undergraduate training programs. There is no information to indicate how this "high level of comfort" was achieved. [Chase also published the \*Multicultural music therapy handbook\* \(2003b\)](#) which provides introductory, but nevertheless fundamental, information to assist music therapy educators in their instruction of cultural issues. She also suggested that it can be used by clinicians "as a means to enhance current practice" (p. 5).

Only two sources were found that focused exclusively on multicultural issues in music therapy supervision. [Estrella \(2001\)](#) analyzed the multicultural music therapy literature as it relates to the practice of clinical supervision in order to assist supervisors in understanding the development of professional cultural competencies, and to enable them to provide culturally sensitive supervision. Issues in multicultural training in counseling and music therapy education were also reviewed. Ultimately, [Estrella](#) concluded that while counseling has taken great strides in the area of multicultural supervision, music therapy lacks formal resources. She also stated that music therapy supervisors must assume responsibility for the cultural competence of interns because most music therapy programs do not provide extensive training in this area. [Kim \(2008\)](#) conducted a phenomenological study to better understand supervisees' experiences of being misunderstood and understood within the context of cross-cultural supervision (i.e., wherein differences exist between the supervisor's and supervisee's cultural backgrounds). Supervisees were interviewed, and essential themes from their experiences were extracted. Results indicated that current music therapy training does not provide enough multicultural education for supervisors, particularly with regard to cross-cultural music therapy supervision.

The Professional Competencies documents of the American and Canadian Music Therapy Associations ([American Music Therapy Association Professional Competencies, 2003](#); [Canadian Association for Music Therapy, n.d.](#)) make only brief references to multicultural competencies. The AMTA is currently in the process of compiling an Advanced Competencies document (2007), which outlines seven proposed areas of multicultural development for the advanced practitioner. These include:

1. Demonstrate awareness of one's cultural heritage and socio-economic background and how these influence the perception of the therapeutic process.
2. Demonstrate knowledge of and respect for diverse cultural backgrounds.
3. Demonstrate understanding of the roles and meanings of music in various cultures.
4. Demonstrate skill in working with culturally diverse populations, including knowledge of how culture influences issues regarding identity formation, concepts of health and pathology, and understanding the role of therapy.
5. Demonstrate knowledge of how music therapy is practiced in other cultures.
6. Demonstrate commitment to the treatment of all persons with dignity and respect, regardless of differences in race, religion, ethnicity, sexual orientation, or gender.
7. Demonstrate in-depth understanding of different musical cultures and sub-cultures and their implications for music therapy.

Although these standards indicate a step in the right direction, it is not clear how advanced practitioners will acquire these competencies. Even if these advanced competencies are integrated into graduate curricula, many internship supervisors do not obtain advanced degrees and may not have access to multicultural training and support. Enhanced understanding with regard to multicultural issues in music therapy internship supervision would benefit the profession and could potentially assist in the development of a standardized practical framework that could be utilized to facilitate multicultural competence in supervision and practice. Therefore, the purpose of the present study was to determine the extent to which multicultural issues are being addressed in music therapy internships and internship supervision in the United States and Canada. The following questions guided the inquiry:

1. What training and experience do American and Canadian music therapy internship supervisors have in terms of multicultural issues?
2. Do overarching cross-cultural difficulties exist in American and Canadian music therapy internships?
3. Do cross-cultural difficulties exist among American and Canadian music therapy internship supervisors and supervisees?
4. Do cross-cultural difficulties exist among American and Canadian music therapy interns and their clients?
5. Do American and Canadian music therapy internship supervisors address multicultural issues with their supervisees? If so, how? If not, why not?

## Method

### Participants

Music therapy internship supervisors from the United States and Canada participated in this study. There were 2 criteria for inclusion: (a) individuals had to have supervised at least 1 intern and (b) individuals had to be either Board Certified by the Certification Board for Music Therapists (CBMT), or Accredited by the Cana-

dian Association for Music Therapy (CAMT). The total population of music therapy internship supervisors is relatively small, and the researcher attempted to contact as many eligible participants as possible. The CAMT Internship Chair was contacted in April 2007 regarding the distribution of an online survey. The CAMT Board of Directors requested that the survey be sent out to CAMT Approved Internship Supervisors via the Internship Chair. A list of [American Music Therapy Association \(AMTA\)](#) Approved Internship Site Directors' e-mail addresses was obtained from the AMTA National Office in May 2007.

All of the individuals on the AMTA ( $N=159$ ) and CAMT ( $N=40$ ) approved lists met the criteria for inclusion. As a result of her work at Temple University, the researcher knew of several other qualified AMTA members affiliated with the University either as internship supervisors or as graduate students who supervised interns in their own areas of residence. These individuals' e-mails were obtained from an inventory of Temple University internship sites as well as from the researcher's professional e-mail address book and added to the distribution list. The CAMT Internship Chair posted a link to the survey on the "Members Only" section of the CAMT website. Finally, a message about the survey was translated into French and sent out via e-mail to the CAMT membership by the Internship Chair to encourage the participation of bilingual Francophone Canadian music therapy internship supervisors.

The survey was launched in September 2007. A total of thirty-five individuals did not receive the initial invitation to participate due to faulty e-mail addresses. As many alternate e-mail addresses as possible were located in the 2007 AMTA Directory, and e-mail addresses of additional Approved Internship Site Directors not on the original list were also added. A second round of invitations was sent, and 10 of these individuals appeared to have faulty e-mail addresses. Ultimately, 219 e-mail invitations were successfully sent to AMTA internship supervisors, and 40 invitations were successfully e-mailed to CAMT internship supervisors by the CAMT Internship Chair.

### Materials

As there are no existing survey tools that specifically address multicultural issues in music therapy internship supervision, the current researcher designed one. The literature on multicultural issues in music therapy and counseling supervision was reviewed to examine previous survey content and procedures ([Burkard et al., 2006](#); [Constantine, 1997, 2001](#); [Darrow & Molloy, 1998](#); [Sloss, 1996](#); [Toppozada, 1995](#)) as well as to identify gaps in knowledge related to music therapy internship supervision and multicultural issues. Multicultural counseling competencies as outlined by [Sue, Arredondo, and McDavis \(1992\)](#) were also utilized in the development of the survey.

The survey was divided into three sections. Section I solicited demographic information from music therapy internship supervisors. Section II gathered information regarding music therapy internship supervisors' multicultural training and experiences. Section III gathered information on cross-cultural issues that supervisors encountered in internship supervision, and the extent to which they addressed multicultural issues with their interns. Three experts in the area of multicultural issues in music therapy reviewed the survey. Revisions were made according to their feedback. The revised surveys were reviewed by two experienced music therapy supervisors (one Canadian, one American) and final revisions were made.

The "Invitation to Participate and Consent Document" provided a detailed explanation of the study's intent along with an invitation and instructions on how to access the web survey. Accessing and completing the web survey confirmed each individual's informed consent to participate. A follow-up

reminder was sent out two weeks after the initial e-mail invitation.

*Procedure*

Approval was received from Temple University's Institutional Review Board. A web-based survey company was used to distribute the survey. This company compiled study data and results in a secure web location, until the researcher closed the survey and downloaded the results. The survey was set up to maintain participants' anonymity by prohibiting the researcher from tracking their identities. Two weeks after the last reminder was e-mailed, the researcher closed access to the online survey tool, and downloaded aggregate and anonymous data. The data were exported from an Excel document into an SPSS statistical program (14.0 for Windows) for further analysis. Statistical analyses were performed using *t*-tests, chi-square analysis, and bivariate correlational procedures. Differences were considered to be significant when the probability (*p*) value was equal to or less than .05.<sup>1</sup>

**Results**

Out of 259 individuals contacted, a total of 104 music therapy internship supervisors returned surveys for a response rate of 40.2%. Respondents were given the option to skip any question. These missing data were taken into account in the final data analysis.

*Demographic characteristics of respondents*

The frequencies and percentages of the demographic characteristics of respondents are listed in Table 1. Due to a low number of responses for this country (14.4%), Canadian geographic regions were collapsed into one category. There was a notable lack of diversity among the participants. The majority of respondents were female (89.4%) and white (93.1%). Many supervisors (69.6%) had more than 11 years of clinical experience, but almost the same number (69.9%) had less than 11 years of experience supervising music therapy interns. Half of the respondents (50.5%) indicated that their highest degree in music therapy was at the bachelor's level, and just over half (54.5%) indicated that they had also obtained a degree in a subject area other than music therapy.

*Multicultural training and experiences*

Participants were asked to provide information related to their multicultural training and experiences. An overview of the responses is provided in Table 2. Although half of the respondents (51.0%) indicated that they had taken at least one university course related to multicultural issues, and several (42.0%) had taken at least one course in ethnomusicology, many supervisors (71.3%) indicated that they had not completed any courses in multicultural music therapy. No significant relationships were found between level of music therapy education,<sup>2</sup> and the completion of any type of course related to multicultural issues. However, a significant relationship was found between supervisors' country of residence and the completion of at least one non-music therapy related multicultural course ( $\chi^2 = 4.16, p < .05, \text{Cramer's } V = .20$ ), indicating that American

**Table 1**  
Demographic characteristics\*.

Variable	N	f	Percentage
Geographic Region	104		
Canada		15	(14.4%)
New England		2	(1.9%)
Mid-Atlantic		30	(28.9%)
Great Lakes		19	(18.3%)
Midwestern		8	(7.7%)
Western		10	(9.6%)
Southwestern		7	(6.7%)
Southeastern		13	(12.5%)
Gender	104		
Male		11	(10.6%)
Female		93	(89.4%)
Age	104		
Under 30		9	(8.7%)
31-45		59	(56.7%)
46-55		28	(26.9%)
55+		8	(7.7%)
Race/Ethnicity	102		
White		95	(93.1%)
Black		2	(2.0%)
Asian		5	(4.9%)
Total Years of Music Therapy Practice	102		
Less than 5		7	(6.9%)
5-10		24	(23.5%)
11-20		42	(41.2%)
20+		29	(28.4%)
Total Years Supervising Music Therapy Interns	103		
Less than 5		34	(33.0%)
5-10		38	(36.9%)
11-20		19	(18.5%)
20+		12	(11.7%)
Total Interns Supervised	104		
Less than 5		27	(26.0%)
5-10		22	(21.2%)
11-15		15	(14.4%)
15+		40	(38.5%)
Highest Degree in Music Therapy	103		
Bachelor's		52	(50.5%)
Master's		42	(40.8%)
Doctoral		1	(1.0%)
Equivalency degree		8	(7.8%)
Highest Degree in Other Subject Area	101		
Bachelor's		25	(24.8%)
Master's		27	(26.7%)
Doctoral		3	(3.0%)
N/A		46	(45.5%)

\* Percentages are based on the total N (number of respondents) for each question.

supervisors were proportionately more likely to have completed a course in this area than were Canadian supervisors.

Over half of the respondents (54.5%) felt that they did not have a significant amount of experience with music outside of their own cultures. The association between this variable and gender was significant ( $\chi^2 = 8.84, p < .05, \text{Cramer's } V = .30$ ), indicating that male supervisors were proportionately more likely to feel that they had more experience with music outside of their own cultures than female supervisors. A significant association was found between this same variable, and supervisors' country of residence ( $\chi^2 = 4.64, p < .05, \text{Cramer's } V = .21$ ), indicating that Canadian supervisors were proportionately less likely than American supervisors to feel that they had a significant amount of experience with music outside of their own cultures. Half of the respondents (49.5%) indicated that they had learned a significant amount of musical repertoire in a genre outside of their own cultures, many (65.4%) had attended workshops pertaining to music outside of their own cultures, and a vast majority (80.2%) had attended concerts featuring musical

<sup>1</sup> Due to the nominal or ranked nature of the data, and to avoid Type II errors, nonparametric statistical tests were utilized wherever possible. However, the reader should still exert caution when interpreting any significant findings involving gender or country of residence due to the small numbers of male and Canadian respondents.

<sup>2</sup> In order to gain additional statistical power, the "level of music therapy education" variable was collapsed into two categories: Bachelor's and Master's. Those who had obtained Equivalency degrees were included in the Master's category, and the one Doctoral respondent was not included in the analysis (for this variable only).

**Table 2**  
Multicultural training and experiences.

Variable	N	f	Percentage
Completed at least one university course in multicultural issues	102	52	(51.0%)
Completed at least one multicultural music therapy course	101	29	(28.7%)
Completed at least one ethnomusicology course	100	42	(42.0%)
Total credits earned in multicultural courses:	100		
0 credits		29	(29.0%)
1–3 credits		40	(40.0%)
4–6 credits		24	(42.0%)
6+ credits		7	(7.0%)
Total hours spent in multicultural music therapy trainings	100		
0 h		20	(20.0%)
1–4 h		57	(57.0%)
5–10 h		17	(17.0%)
10+ h		6	(6.0%)
Total hours spent in other multicultural trainings	100		
0 h		16	(16.0%)
1–4 h		42	(42.0%)
5–10 h		20	(20.0%)
10+ h		22	(22.0%)
Have significant experience with music outside of own culture	101	46	(45.5%)
Experiences people have with music outside of own culture:	101		
Taken lessons		23	(22.8%)
Learned repertoire		50	(49.5%)
Attended workshops		66	(65.4%)
Participated in a performing ensemble		24	(33.7%)
Attended at least two concerts		81	(80.2%)
Other		9	(8.9%)
N/A		4	(4.0%)
Regular interaction with colleagues of different ethnic/racial backgrounds	100	82	(82.0%)
Percentage of colleagues from different ethnic/racial backgrounds	99		
Less than 10%		22	(22.2%)
10%		21	(21.2%)
25%		27	(27.3%)
50%		18	(18.2%)
75%		4	(4.0%)
75%+		7	(7.1%)
Regular interaction with clients of different ethnic/racial backgrounds	101	90	(89.1%)
Percentage of clients from different ethnic/racial backgrounds	100		
Less than 10%		17	(17.0%)
10%		13	(13.0%)
25%		23	(23.0%)
50%		28	(28.0%)
75%		7	(7.0%)
75%+		12	(12.0%)
Regular social interaction with people of different ethnic/racial backgrounds	98	75	(76.5%)
Percentage of friends/family from different ethnic/racial background	100		
Less than 10%		34	(34.0%)
10%		22	(22.0%)
25%		18	(18.0%)
50%		19	(19.0%)
75%		4	(4.0%)
75%+		3	(3.0%)

genres outside of their own cultures. No associations were found between level of music therapy education and the amount of experience that supervisors reported having with music outside of their own cultures.

Many respondents indicated that they interacted regularly with colleagues (82.0%), clients (89.1%), and friends/family (76.5%) from different ethnic/racial backgrounds than their own. However, over half (56.0%) reported that only 10% or less of their friends/family were from different ethnic/racial backgrounds than their own. Several (43.4%) indicated that only 10% or less of their colleagues were from different ethnic/racial backgrounds than their own. Some (30.0%) reported that only 10% or less of their clients were from different ethnic/racial backgrounds than their own. Male respondents reported working with significantly more colleagues [ $t(97) = 2.58, p < .05$ ] and significantly more clients [ $t(98) = 2.61, p < .05$ ] from dif-

ferent ethnic/racial backgrounds than female respondents. It was also found that American supervisors were proportionately more likely than Canadian supervisors to have interacted on a regular basis with clients of different ethnic/racial backgrounds than their own ( $\chi^2 = 4.52, p < .05$ , Cramer's  $V = .21$ ). Significant positive relationships were also found between level of non-music therapy related degree and the percentage of ethnically/racially different colleagues ( $r_s = .35$ ) and clients ( $r_s = .28$ ) with whom these respondents had interacted on a regular basis. Finally, supervisors who felt that they had a significant amount of experience with music outside of their own cultures also had a significantly higher number of colleagues [ $t(97) = 4.59, p < .05$ ], clients [ $t(98) = 4.58, p < .05$ ], and friends/family [ $t(98) = 4.10, p < .05$ ] from different ethnic/racial backgrounds than themselves as compared to those who felt that they did not have much experience in this area.

**Table 3**  
Cross-cultural internship supervision demographics.

Variable	N	f	Percentage
Supervised interns from different ethnic/racial backgrounds	90	72	(80.0%)
Percentage of total interns supervised from a different ethnic/racial background:	84		
Less than 10%		21	(25.0%)
10%		14	(16.7%)
25%		19	(22.6%)
50%		10	(11.9%)
75%		0	(0.0%)
75%+		9	(10.7%)
N/A		12	(14.3%)
Supervised interns from same ethnic/racial background	90	87	(96.7%)
Percentage of total interns supervised from same ethnic/racial background:	89		
Less than 10%		6	(6.7%)
10%		2	(2.3%)
25%		1	(1.1%)
50%		11	(12.4%)
75%		19	(21.4%)
75%+		48	(53.9%)
N/A		3	(3.4%)
Supervised interns with different overall cultural background and experience	90	65	(72.2%)
Percentage of total interns with different overall cultural background and experience:	86		
Less than 10%		20	(23.3%)
10%		14	(16.3%)
25%		17	(19.8%)
50%		13	(15.1%)
75%		0	(0.0%)
75%+		5	(5.8%)
N/A		18	(20.9%)
Supervised international interns who returned home	90	39	(43.3%)
Total number of international interns supervised:	79		
Less than 5		35	(44.3%)
5–10		6	(7.6%)
11–15		2	(2.5%)
15+		2	(2.5%)
N/A		35	(44.3%)
Percentage of these international interns that returned home:	76		
Less than 10%		16	(21.1%)
10%		2	(2.6%)
25%		4	(5.3%)
50%		7	(9.2%)
75%		1	(1.3%)
75%+		12	(15.8%)
N/A		35	(46.1%)

### Internship supervision and cross-cultural issues

Supervisors were asked to provide information concerning both supervisory and clinical cross-cultural experiences that they have had with their music therapy interns. An overview of the demographic data related to this area of inquiry is provided in Table 3. Many participants chose to skip questions pertaining to this subject matter, and 27.12% of the total possible responses were missing.

A majority of respondents (80.0%) indicated that they had supervised interns from different ethnic/racial backgrounds than themselves, but most (76.2%) also indicated that this number only made up 50% or less of the total number of interns that they had supervised overall. There was no significant difference between male and female supervisors in terms of the total number of interns who were from different ethnic/racial backgrounds than themselves. However, females supervised significantly more interns from the same ethnic/racial background as themselves than did males [ $t(87) = 2.56, p < .05$ ]. Significant positive associations were found between the number of interns from different ethnic/racial backgrounds than their supervisors and supervisors' age ( $r_s = .34$ ), and level of supervisors' non-music therapy degree ( $r_s = .36$ ). Significant negative associations were found between the number of interns from the same ethnic/racial background as their supervisors and supervisors' age ( $r_s = -.28$ ), and level of supervisors'

non-music therapy degree ( $r_s = -.24$ ). These statistics indicate that older respondents, or respondents who had advanced degrees in areas other than music therapy, were more likely to have supervised interns from different ethnic/racial backgrounds than themselves.

Supervisors who felt that they had a significant amount of experience with music outside of their own cultures worked with significantly more interns from different ethnic/racial backgrounds than themselves [ $t(82) = 3.69, p < .05$ ] as compared to those who did not feel that they had this musical experience. Additionally, those supervisors who felt that they did not have this experience worked with significantly more interns from the same ethnic/racial background as themselves, than supervisors who felt that they had had this experience [ $t(87) = 3.22, p < .05$ ].

Many respondents (72.2%) indicated that they had supervised interns who had different overall cultural backgrounds and experiences than themselves. The reader should exert caution when interpreting this statistic, as the respondents may not have fully understood the difference between "cultural background and experiences" and "race/ethnicity." This issue will be addressed further in the Discussion section.

Over half of the respondents (56.9%) had supervised international interns, and many (43.3%) had supervised international interns who had returned to their home countries upon completion of their internships. Significant relationships were found between

**Table 4**  
Cross-cultural difficulties.

Variable		N	f	Percentage
Language/Communication issues	Minority interns	56	34	(60.7%)
	Majority interns	59	13	(22.0%)
Deficiencies in writing skills needed due to language issues	Minority interns	56	39	(69.6%)
	Majority interns	–	–	–
Difficulty learning musical repertoire outside of own culture	Minority interns	56	28	(50.0%)
	Majority interns	59	47	(79.7%)
Difficulty in adjusting MT interventions to make them culturally relevant	Minority interns	56	19	(33.9%)
	Majority interns	59	21	(35.6%)
Difficulties in <b>supervisory relationship</b> due to cultural issues	Minority interns	56	22	(39.3%)
	Majority interns	59	9	(15.3%)
These above difficulties included: 1. Communication issues	Minority interns	64	21	(32.8%)
	Majority interns	60	14	(23.3%)
2. Differences in values/beliefs	Minority interns	64	17	(26.6%)
	Majority interns	60	9	(15.0%)
3. Difficulties establishing trust with supervisor	Minority interns	64	8	(12.5%)
	Majority interns	60	6	(10.0%)
Difficulties in <b>relationships with clients</b> due to cultural issues	Minority interns	56	25	(44.6%)
	Majority interns	59	19	(32.2%)
These above difficulties included: 1. Communication issues	Minority interns	61	22	(36.1%)
	Majority interns	63	21	(33.3%)
2. Difficulties understanding clients' cultural backgrounds	Minority interns	61	17	(27.9%)
	Majority interns	63	24	(38.1%)
3. Difficulties establishing trust with clients	Minority interns	61	7	(11.5%)
	Majority interns	63	7	(11.1%)
4. Difficulties providing clients with culturally appropriate musical choices	Minority interns	61	12	(19.7%)
	Majority interns	63	19	(30.2%)

the total number of international interns supervised and several variables including supervisors' age ( $r_s = .32$ ), total years of music therapy practice ( $r_s = .43$ ), and total years supervising ( $r_s = .52$ ). These statistics indicate that older supervisors more experienced music therapists, or more experienced supervisors were more likely than their younger or less experienced colleagues to have supervised international interns.

Participants were asked a number of questions pertaining to specific cross-cultural difficulties that they may have encountered when supervising interns. Table 4 outlines cross-cultural difficulties that supervisors experienced with interns from majority and minority cultures.<sup>3</sup> Many respondents indicated that "deficiencies in writing skills" (69.6%) and "language skills" (60.7%) were notable difficulties for minority interns, whereas "learning repertoire outside of one's own culture" was a considerable issue for majority interns (79.7%). The highest ranking cross-cultural difficulty in supervisory relationships with both minority (32.8%) and majority (23.3%) interns was "differences in communication styles." The highest ranking cross-cultural difficulty in minority interns' relationships with clients was also "differences in communication styles" (36.1%). However, "difficulties in terms of understanding clients' cultural backgrounds" ranked highest in this area for majority interns (38.1%). The reader should note that the survey did not provide respondents with the opportunity to describe specific communication difficulties. This area should be further explored in future studies.

<sup>3</sup> When answering questions in this section, each participant was asked to respond in consideration of the minority and majority cultures that are affiliated with his/her particular geographic region.

#### Addressing multicultural issues with interns

Participants were asked to provide information concerning discussions that they have had with their interns about multicultural issues. An overview of the responses is provided in Tables 5 and 6. Many participants chose to skip questions pertaining to this subject matter, and 19.23% of the total possible responses were missing.

Supervisors were asked to indicate how often they initiated discussions with majority and minority interns on multicultural issues that pertained to the supervisory relationship. Many respondents (40.7%) indicated that they "seldom" had these discussions with majority interns. Some respondents (29.8%) indicated that they "seldom" had these discussions with minority interns. When discussions were initiated with majority interns, many respondents (74.7%) indicated that "cultural backgrounds and experiences" (of supervisors/interns) were a frequent topic as were "worldviews" (assumptions, values, biases, etc. of supervisors/interns) (61.5%). Similarly, many respondents (63.8%) indicated that when discussions were initiated with minority interns, "cultural backgrounds and experiences" (of supervisors/interns) were a frequent topic as were "worldviews" (assumptions, values, biases, etc. of supervisors/interns) (48.8%). Some respondents (16.9%) indicated that they discussed "race/ethnicity" as it pertained to the supervisory relationship with majority interns. Only a few respondents (10.0%) indicated that they frequently addressed this same topic with minority interns. A significant association was found between how often discussions on multicultural issues that pertained to the supervisory relationship occurred with minority interns and gender ( $\chi^2 = 10.51, p < .05$ , Cramer's  $V = .35$ ) indicating that female supervisors were more likely than male supervisors to "sometimes" have these discussions with minority interns. Significant positive associations were also found between this same variable and supervisors' age ( $r_s = .27$ ), and total years of music therapy practice ( $r_s = .38$ ),

**Table 5**  
Addressing multicultural issues with interns.

Variable	N	f	Percentage
Initiate discussions on multicultural issues with minority interns as they pertain to the supervisory relationship:	84		
N/A (have not supervised minority interns)		19	(22.6%)
Seldom		25	(29.8%)
Sometimes		24	(28.6%)
Frequently		17	(20.2%)
Initiate discussions on multicultural issues with majority interns as they pertain to the supervisory relationship:	80		
N/A (have not supervised majority interns)		3	(3.5%)
Seldom		35	(40.7%)
Sometimes		35	(40.7%)
Frequently		14	(16.3%)
Initiate discussions on multicultural issues with minority interns as they pertain to clinical work:	81		
N/A (have not supervised minority interns)		15	(18.5%)
Seldom		12	(14.8%)
Sometimes		34	(42.0%)
Frequently		21	(25.9%)
Initiate discussions on multicultural issues with majority interns as they pertain to clinical work:	86		
N/A (have not supervised majority interns)		4	(4.7%)
Seldom		9	(10.5%)
Sometimes		51	(59.3%)
Frequently		23	(26.7%)
Require interns to explore their cultural background as part of their learning process:	88		
Yes		11	(12.5%)
No		32	(36.4%)
Informally		46	(52.3%)
Share aspects of own cultural background and experience with interns:	88		
Never		6	(6.8%)
Seldom		21	(23.9%)
Sometimes		47	(53.4%)
Frequently		15	(17.1%)

and total years supervising ( $r_s = .41$ ). These statistics indicate that older or more experienced supervisors were more likely than their younger or less experienced colleagues to have initiated discussions with minority interns on multicultural issues that pertained to the supervisory relationship. No significant associations were found between how often supervisors initiated discussions with majority interns on multicultural issues as they pertained to the supervisory relationship, and any other variables.

Supervisors were asked to indicate how often they initiated discussions with majority and minority interns on multicultural issues pertaining to clinical work. Many respondents (59.3%) indi-

cated that they “sometimes” have these discussions with majority interns. Many respondents (42.0%) indicated that they “sometimes” have these discussions with minority interns. When discussions were initiated with majority interns, many (82.4%) indicated that “cultural backgrounds and experiences” (of interns/clients) were a frequent topic as were “clients’ musical preferences and culture” (76.5%). Similarly, many respondents (69.6%) indicated that when these discussions were initiated with minority interns, “cultural backgrounds and experiences” (of interns/clients) were a frequent topic as were “clients’ musical preferences and culture” (62.0%). Some respondents (28.2%) indicated that “race/ethnicity” as it per-

**Table 6**  
Topics of supervisor–intern discussions on multicultural issues.

Variable		N	f	Percentage
Race/ethnicity as it pertained to the supervisory relationship:	Discussed with Minority interns	80	8	(10.0%)
	Discussed with Majority interns	83	14	(16.9%)
Cultural backgrounds and experiences as they pertained to the supervisory relationship:	Discussed with Minority interns	80	51	(63.8%)
	Discussed with Majority interns	83	62	(74.7%)
Worldviews (assumptions, values, biases) as they pertained to the supervisory relationship:	Discussed with Minority interns	80	39	(48.8%)
	Discussed with Majority interns	83	51	(61.5%)
Other multicultural topics that pertained to the supervisory relationship:	Discussed with Minority interns	80	6	(7.5%)
	Discussed with Majority interns	83	5	(6.0%)
Race/ethnicity as it pertained to clinical work:	Discussed with Minority interns	79	15	(19.0%)
	Discussed with Majority interns	85	24	(28.2%)
Cultural backgrounds and experiences as they pertained to clinical work:	Discussed with Minority interns	79	55	(69.6%)
	Discussed with Majority interns	85	70	(82.4%)
Worldviews (assumptions, values, biases) as they pertained to clinical work:	Discussed with Minority interns	79	38	(48.1%)
	Discussed with Majority interns	85	50	(58.8%)
Clients’ musical preferences and culture:	Discussed with Minority interns	79	49	(62.0%)
	Discussed with Majority interns	85	65	(76.5%)
Other multicultural topics that pertained to clinical work:	Discussed with Minority interns	79	4	(5.1%)
	Discussed with Majority interns	85	1	(1.2%)

tained to clinical work was a frequent topic of discussion with majority interns. Slightly less (19.0%) indicated that this was also a frequent topic of discussion with minority interns. Significant positive associations were found between how often supervisors initiated discussions on multicultural issues that pertained to clinical work with minority interns, and supervisors' total years of music therapy practice ( $r_s = .32$ ), and total years supervising ( $r_s = .40$ ). This indicated that more experienced supervisors were more likely than less experienced supervisors to initiate discussions with minority interns on multicultural issues pertaining to clinical work. No significant associations were found between how often supervisors initiated discussions with majority interns on multicultural issues pertaining to clinical work and any other variables.

Supervisors were asked if they required their interns to explore their own cultural backgrounds. Many respondents (52.3%) indicated that they "informally encouraged" this, and several (36.4%) did not require it. Only a few supervisors (12.5%) formally required their interns to explore their cultural backgrounds as part of their learning process. No significant relationships were found between this variable and any other variables.

Supervisors were asked how often they shared aspects of their own cultural background and experiences with their interns. Many supervisors (53.4%) indicated that they "sometimes" shared this information. Some supervisors (30.7%) indicated that they "seldom" or "never" shared this information. A significant association was found between this variable and the completion of at least one non-music therapy multicultural course ( $\chi^2 = 9.62, p < .05$ , Cramer's  $V = .33$ ), indicating that supervisors who did not complete a course "sometimes" shared aspects of their own cultural background with interns more often than one would expect. A significant association was also found between this variable and the level of non-music therapy related degree ( $\chi^2 = 17.65, p < .05$ , Cramer's  $V = .26$ ), indicating that supervisors who did not complete a non-music therapy related degree "sometimes" shared aspects of their cultural backgrounds more often than one would expect. Finally, significant positive associations were found between this variable and supervisors' total years of music therapy practice ( $r_s = .23$ ), and total years supervising ( $r_s = .25$ ), indicating that more experienced supervisors were more likely to have shared aspects of their own cultural backgrounds with interns than less experienced supervisors.

## Discussion

Although this study did not account for the entire population of music therapy internship supervisors in the United States and Canada, the results indicate a lack of diversity among these respondents. This is consistent with a similar lack of diversity that exists among the associations' current memberships. The 2007 AMTA Member Sourcebook indicates that 86% of the membership are female, 14% are male ( $N = 2986$ ), and 87% are "Caucasian" ( $N = 1758$ ).<sup>4</sup> A review of the 2007 CAMT Sourcebook indicates that roughly 88.0% of the membership are female, and 12.0% are male ( $N = 442$ ). Other demographics, including those related to race/ethnicity, were not available for the CAMT membership. In order to better understand the multicultural profile of music therapists in Canada, it is recommended that the CAMT gather more demographic information through its annual membership form.

Over half of the respondents indicated that 25% or less of their clients came from an ethnic/racial background that was different from their own. Although both professional associations gather information annually about what clinical populations are being

served, the cultural demographics of these clients are not known. This raises a question as to whether music therapists' clients in both facility and private practice settings are in fact representative of the diversity that exists in their facilities, and in their communities. The counseling psychology and medical literatures have highlighted concerns regarding the accessibility of healthcare services for minority clients. These include racial discrimination in the healthcare system (Boulware, Cooper, Ratner, LaVeist, & Powe, 2003), mistrust of the healthcare system (Boulware et al., 2003; Gagnon, 2002), lack of insurance/other coverage, clients' inability to pay, lack of public funding for services in poverty areas (Chow, Jaffee, & Snowden, 2003), negative stereotypes held by some cultures regarding therapy (Constantine, 2002), and a lack of counseling services that provide culturally sensitive and relevant interventions (Sue & Sue, 2003). Music therapists need to identify and address any similar issues that may exist in their own profession so that all potential clients can have equal access to music therapy services. Furthermore, music therapy interns cannot work toward building multicultural competence if their supervisors are not engaging with a culturally diverse clientele.

The majority of respondents indicated that they had supervised interns from different ethnic/racial backgrounds than their own, and many indicated that they supervised interns whose overall cultural background and experiences were significantly different from their own. It is likely that the diversity among music therapists will increase as these interns become professionals, which will hopefully lead to more diversity among music therapy internship supervisors. However, this does not mean that interns should be encouraged to work primarily with supervisors whose racial, ethnic, or overall cultural backgrounds are consistent with their own. All supervisory relationships contain multicultural components because of the many different types of cultural group memberships that exist (i.e., race/ethnicity, gender, sexual orientation, religious affiliation, etc.). The main issue is to ensure that music therapy internship supervisors are demonstrating multicultural competence in both clinical and supervisory contexts. This can only be achieved if multicultural music therapy competencies are officially adopted by the professional associations, and formally integrated into music therapy training programs.

Valentino's (2006) study suggested that all music therapists have the potential to increase cross-cultural empathy if given the opportunity to receive cross-cultural training. Others have proposed that there is a need for students to receive significantly more formal education on multicultural issues within their music therapy training programs (Bradt, 1997; Brown, 2001; Darrow & Molloy, 1998; Dileo, 2000; Sloss, 1996; Topozada, 1995). In spite of these recommendations, it seems that many programs still consider the development of multicultural competence in music therapy practice and supervision to be an optional endeavor. The current study indicated that many respondents, regardless of whether they had a bachelor's or master's degree in music therapy, had little to no formal education in multicultural music or multicultural music therapy.<sup>5</sup> If the professional associations were to formally integrate multicultural music therapy competencies into their professional documents (i.e., Professional Competencies, Standards of Practice, and Codes of Ethics), and test for these competencies through their board certification or accreditation procedures, training programs would be more likely to make the necessary changes or adjustments to their curriculums.

Music therapy is a profession in its own right, and requires its own unique set of multicultural music therapy competencies. This

<sup>4</sup> Data was compiled from members' files and responses from an AMTA survey that was mailed along with the annual membership form. As of June 15, 2007, AMTA had 3,229 members (AMTA Member Sourcebook, 2007).

<sup>5</sup> Many respondents (65.4%) were under the age of forty-five, and would have completed at least a portion of their training after recommendations were made regarding the need for formal training in multicultural music therapy.

is especially evident in terms of the multicultural musical skills and knowledge required for clinicians to work effectively. In addition to being able to play a wide variety of musical styles, music therapists need to understand the various roles that music plays in different cultural contexts (i.e., healing, spiritual, etc.) and be able to adjust their musical interventions to meet both the over-arching cultural needs, and the unique individual needs of each client. Music therapy internship supervisors must not only understand all of these issues, but also need to consider the cross-cultural musical and personal differences that exist between themselves and their interns. The proposed *AMTA Advanced Competencies document (2007)* has made a notable initial effort in terms of suggesting some necessary multicultural competencies, but a more comprehensive set of multicultural music therapy competencies needs to be developed and officially established for all levels of music therapy clinical practice and supervision. These competencies could be used to develop a practical framework for supervisors to provide them with a concrete and non-invasive way of integrating multicultural issues into their music therapy internship supervision practices.

The counseling psychology literature has suggested that supervisors who do not receive training in multicultural issues may be less aware of these issues than supervisees who have received this training, which may limit supervisees' ability to develop further multicultural competencies (Constantine, 1997, 2001). Current music therapy internship supervisors who have not received education in multicultural music therapy need to be provided with training opportunities. This could be achieved through continuing education courses offered at conferences, or through distance-learning and online training programs. The professional associations could offer designated financial assistance to encourage individuals to enroll.

Culture is not a fixed concept, and consequently, multicultural issues are constantly changing and evolving. Once multicultural music therapy competencies have been established and ongoing training opportunities are being offered, clinicians need to stay current with regard to emerging issues. Internship supervisors should be required to obtain a minimum amount of continuing education credits per five-year cycle that pertain specifically to multicultural music therapy internship supervision in order to maintain "approved internship supervisor" status with their professional associations.

Several participants chose to skip survey questions pertaining to cross-cultural difficulties encountered in internship supervision. Some may have felt uncomfortable answering these questions. They were also more difficult than the previous ones, and may have been too complex or time-consuming, especially since they occurred in the latter half of the survey. Some may have felt that the subject matter was not applicable to their own supervisory experiences. A few respondents stated that multicultural issues were not an "issue" with their interns. Those who did respond to these questions indicated that both majority and minority interns had experienced overarching cross-cultural difficulties while under their supervision, that some of these difficulties had pertained to the supervisory relationship, and that some of these difficulties had pertained to interns' relationships with clients. Individual supervisors also identified cross-cultural difficulties not listed in the survey, which warrant further investigation. These included differences in religious/spiritual beliefs (between supervisor and intern and between intern and clients), issues around gender roles (between interns and clients), and interns' cultural perceptions regarding mental illness. Although issues concerning gender and the supervisory relationship were not identified by respondents as a cross-cultural difficulty, this too would be a worthy area of future inquiry.

Several respondents indicated that they had supervised international interns. International members comprise 5.0% of the AMTA membership (AMTA Member Sourcebook, 2007). This information

was not available for the CAMT membership. With the exception of one published study (Brotons et al., 1997), very little is known about the international students who study music therapy or complete their internship training in the United States or Canada. International students experience unique issues related to acculturation, including perceived discrimination, homesickness, and stress due to change (i.e., "culture shock") (Sandhu & Asrabadi, 1994). In addition to providing support to international interns in these challenging areas, supervisors may struggle to make an intern's learning experiences relevant to the music therapy practices of his/her home country while at the same time be trying to teach him/her how to work cross-culturally with diverse clients who are living in a U.S. or Canadian context. Research needs to be conducted to find out more about the unique issues that are faced by international music therapy students/interns and their professors/supervisors. Competencies relevant to this area of teaching and supervision subsequently need to be developed and incorporated into the proposed AMTA and CAMT multicultural music therapy competencies documents.

A significant number of participants chose to skip survey questions pertaining to the extent to which they addressed multicultural issues with their interns, perhaps for similar reasons as outlined above. For those who did respond, it is interesting to note that discussions related to race/ethnicity as they pertained to the supervisory relationship or to the interns' clinical work, did not occur often. However, when they did occur, they happened more frequently with majority interns than minority interns. This could indicate that some supervisors feel uncomfortable addressing topics related to race/ethnicity, especially with minority interns. However, more experienced supervisors were more likely than less experienced supervisors to initiate discussions on multicultural issues as they pertained to the supervisory relationship or to clinical work with minority interns. The same did not hold true for majority interns. This could indicate that these respondents felt that there was not as much of a need to discuss these issues with majority interns. This idea is supported by Hird, Tao, and Gloria (2005) who found that white supervisors discussed cultural issues significantly more with racially different counseling supervisees than with racially similar counseling supervisees.

Finally, most respondents did not formally require interns to explore their own cultural backgrounds. It may be that multicultural issues are only directly addressed by many supervisors when they perceive a problem. Counseling psychology research has shown that multiculturally focused supervision positively impacts supervisees, supervisory relationships, and client outcomes. Ignoring cultural issues had negative impacts on all of these areas (Burkard et al., 2006; Constantine, 2001; Inman, 2006). Similar research needs to be conducted on the impact of multiculturally focused music therapy internship supervision on interns, supervisors, and clinical outcomes.

This study had some methodological limitations. Although the survey questions were deliberately constructed to obtain "truthful" answers, the desire to give answers that were socially acceptable along with the use of dichotomous variables may have led to inflated frequencies on some measures. The use of a self-report scale to control for the possibility of participants anticipating socially acceptable answers (Constantine & Ladany, 2000; Valentino, 2006) would have added an additional measure of validity to this study.

Although fundamental definitions of key concepts were provided in the survey (i.e., multiculturalism, culture, race, ethnicity), these terms are multidimensional constructs that are often misunderstood or misinterpreted by counseling professionals and by society in general (Moodley & Palmer, 2006). A similar conceptual problem likely exists among music therapists, and this may have affected how respondents answered the survey questions. Future

research needs to address these conceptual concerns by constructing clear and meaningful definitions of multicultural music therapy terminology, and by developing and/or utilizing more valid and reliable measures of multidimensional, multicultural constructs (Helms, 2007).

Music therapy internship supervisors play a crucial role in the ongoing development and growth of the music therapy profession. Hopefully this study will inspire supervisors, educators, and clinicians to advocate and actively work toward integrating multicultural competencies into a profession that could in and of itself be considered a multicultural phenomenon.

### Acknowledgements

The author would like to express her gratitude to Dr. Cheryl Dileo for her guidance and editorial assistance, to Drs. Jennifer Cromley and Joke Bradt for their statistical advice, and to Dr. Kenneth E. Bruscia for his support and feedback.

### References

- American Music Therapy Association. (2007). *2007 AMTA member sourcebook*. Silver Spring, MD: American Music Therapy Association.
- American Music Therapy Association. *Advanced Competencies. Draft*. (Summer 2007). Retrieved September 6, 2007, from <http://www.musictherapy.org/>.
- American Music Therapy Association. *Professional Competencies*. (2003, November 30). Retrieved January 25, 2007, from <http://www.musictherapy.org/>.
- Boulware, L. E., Cooper, L. A., Ratner, L. E., LaVeist, T. A., & Powe, N. R. (2003). Race and trust in the health care system. *Public Health Reports*, *118*, 358–365.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, *24*(2), 137–147.
- Bright, R. (1993). Cultural aspects of music in therapy. In M. H. Heal & T. Wigram (Eds.), *Music Therapy in Health and Education* (pp. 193–207). London: Jessica Kingsley.
- Brotans, M., Graham-Hurley, K., Hairston, M., Hawley, T., Michel, D., Moreno, J., et al. (1997). A survey of international music therapy students in NAMT-approved academic programs. *Music Therapy Perspectives*, *15*, 45–49.
- Brown, J. (2001). Towards a culturally centered music therapy practice. *Canadian Journal of Music Therapy*, *8*(1), 10–23.
- Burkard, A. W., Johnson, A. J., Madson, M. B., Pruitt, N. T., Contreras-Tadych, D. A., Kozlowski, J. M., et al. (2006). Supervisor cultural responsiveness and unresponsiveness in cross-cultural supervision. *Journal of Counseling Psychology*, *53*(3), 288–301.
- Canadian Association for Music Therapy. (2007). *CAMT member sourcebook*. Waterloo, ON: Canadian Association for Music Therapy.
- Canadian Association for Music Therapy (n.d.). *Standards and procedures for the approval and accreditation of undergraduate music therapy programs*. Waterloo, ON: DiGiacomo.
- Chase, K. M. (2003a). Multicultural music therapy: A review of the literature. *Music Therapy Perspectives*, *21*(2), 84–88.
- Chase, K. M. (2003b). *The multicultural music therapy handbook*. Southern Pen Publishing.
- Chow, J. C., Jaffee, K., & Snowden, L. (2003). Racial/ethnic disparities in the use of mental health services in poverty areas. *American Journal of Public Health*, *93*(5), 792–797.
- Constantine, M. G. (1997). Facilitating multicultural competency in counseling supervision: Operationalizing a practical framework. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 310–324). Thousand Oaks, CA: Sage.
- Constantine, M. G. (2001). Multiculturally-focused counseling supervision: Its relationship to trainees' multicultural self-efficacy. *Clinical Supervisor*, *20*(1), 87–98.
- Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology*, *49*(2), 255–263.
- Constantine, M. G., & Ladany, N. (2000). Self-report multicultural counseling competence scales. Their relation to social desirability attitudes and multicultural case conceptualization ability. *Journal of Counseling Psychology*, *47*, 155–164.
- Darrow, A. A., & Molloy, D. (1998). Multicultural perspectives in music therapy: An examination of the literature, educational curricula and clinical practices in culturally diverse cities of the United States. *Music Therapy Perspectives*, *16*(1), 27–32.
- Dileo, C. (2000). *Ethical thinking in music therapy*. Cherry Hill, NJ: Jeffery Books.
- Dos Santos, A. (2005). The role of culture in group music therapy in South Africa. *Voices: A World Forum for Music Therapy*. Retrieved November 16, 2007, from <http://www.voices.no/mainissues/mi40005000180.html>.
- Estrella, K. (2001). Multicultural approaches to music therapy supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 39–68). Gilsum, NH: Barcelona.
- Gagnon, A.J. (2002). Discussion paper no. 40: Responsiveness of the Canadian health care system towards newcomers. Retrieved March 22, 2008, from <http://dsp-psd.pwgsc.gc.ca/Collection/CP32-79-40-2002E.pdf>.
- Helms, J. E. (2007). Some better practices for measuring racial and ethnic identity constructs. *Journal of Counseling Psychology*, *54*(3), 235–246.
- Hird, J. S., Tao, K. W., & Gloria, A. M. (2005). Examining supervisors' multicultural competence in racially similar and different supervision dyads. *The Clinical Supervisor*, *23*(2), 107–121.
- Inman, A. G. (2006). Supervisor multicultural competence and its relation to supervisory process and outcome. *Journal of Marital and Family Therapy*, *32*(1), 73–85.
- Kenny, C., & Stige, B. (2002). *Contemporary voices of music therapy: Communication, culture and community*. Oslo: Unipub.
- Kim, S. (2008). The supervisee's experience in cross-cultural music therapy supervision. In S. Hadley (Ed.), *Qualitative inquiries in music therapy: A monograph series* (pp. 1–44). Gilsum, NH: Barcelona.
- Moodley, R., & Palmer, S. (Eds.). (2006). *Race, culture and psychotherapy: Critical perspectives in multicultural practice*. New York, NY: Routledge/Taylor & Francis Group.
- Moreno, J. (1988). Multicultural music therapy: The world music connection. *Journal of Music Therapy*, *25*(1), 17–27.
- Moreno, J. (1995). Ethnomusic therapy: An interdisciplinary approach to music and healing. *The Arts in Psychotherapy*, *22*(4), 329–338.
- Pavlicevic, M., & Ansdell, G. (Eds.). (2004). *Community music therapy*. London: Jessica Kingsley.
- Ruud, E. (1998). *Music therapy: Improvisation, communication and culture*. Gilsum, NH: Barcelona.
- Sandhu, D. S., & Asrabadi, B. R. (1994). Development of an acculturative stress scale for international students: Preliminary findings. *Psychological Reports*, *75*(1), 435–448.
- Shapiro, N. (2005). Multicultural influences in music therapy in clinical practice and training. *Music Therapy Perspectives*, *23*(1), 29–35.
- Sloss, C. M. (1996). Cross-cultural music therapy in Canada. *Canadian Journal of Music Therapy*, *4*(1), 1–18.
- Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, *70*, 477–486.
- Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice*. New York, NY: John Wiley & Sons.
- Topozada, M. R. (1995). Multicultural training for music therapists: An examination of current issues based on a national survey of professional music therapists. *Journal of Music Therapy*, *32*(2), 65–90.
- Vaillancourt, Guylaine (2007). Multicultural music therapy as an instrument for leadership: Listening – vision – process. *Voices: A World Forum for Music Therapy*. Retrieved October 3, 2007, from <http://www.voices.no/mainissues/mi40007000236.php>.
- Valentino, R. (2006). Attitudes towards cross-cultural empathy in music therapy. *Music Therapy Perspectives*, *24*(2), 108–114.
- Yehuda, Nechama (2002). Multicultural encounters in music therapy – A qualitative research. *Voices: A World Forum for Music Therapy*. Retrieved November 16, 2007, from [http://www.voices.no/mainissues/Voices2\(3\)Yehuda.html](http://www.voices.no/mainissues/Voices2(3)Yehuda.html).