



Music Therapy
The Harmony of Our Heritage
La musicothérapie
L'harmonie de notre héritage

BOOK OF ABSTRACTS

LIVRE DES RÉSUMÉS

36th Annual CAMT Conference
36e congrès annuel de l'AMC

May/mai 12-15, 2010,

Halifax, Nova Scotia

TABLE OF CONTENTS / TABLE DES MATIÈRES

INTRODUCTION		3
PART I	Paper Presentations and Workshops	
PARTIE 1	Conférences et Ateliers	5
PART 2	Panel Discussions	
PARTIE 2	Tables Rondes	32
Part 3	Keynote Presentations	
PARTIE 3	Conférences principales	35
PART 4	Pre-conference Workshops	
PARTIE 4	Ateliers pré-congrès	39
INDEX		44

INTRODUCTION

One of the greatest beauties in music is its inherent ability to transcend the diversity that we celebrate in our vast country – of cultural origins, generations, languages, abilities, and preferences. As one of the earliest forms of human expression, music integrates our auditory, visual, physical, emotional, and spiritual worlds. It allows for individual expression along with cohesive group work, and it provides a rich mosaic which can shape our personal vision, our daydreams, and our memories. In the Atlantic region, we have historic seaside towns and cities and highland villages; we have Aboriginal, African Canadian, English, French, German, and Gaelic cultures with rich musical roots, as well as more recent ethnic contributors to our musical heritage. Bridging the generations, we have families and communities that continue to create unbelievable music together.

It is our great pleasure to present this *Book of Abstracts* of the 36th Canadian annual Conference of the Association for Music Therapy, which was held at the Delta Halifax from May 12-15, 2010.

Through the stimulating keynotes, papers, workshops and concerts, the conference theme, *Music Therapy: The Harmony of our Heritage*, celebrated the vast expertise and talent within our profession. This year's conference hosted a total of 50 speakers from South Africa, Great Britain, United States and from across Canada.

We have divided the presentations into four sections as follows:

- Part 1 Paper Presentations and Workshops
- Part 2 Panel Discussions (Round Tables)
- Part 3 Keynote Presentations
- Part 4 Pre-conference Workshops

Parts 1 and 2 include the descriptions of the conference proposals that we received in response to the Call for Papers. They appear in the language in which they were submitted, and listed in alphabetical order according to the names of the speakers. Part 4 includes the bilingual text of the presentations as they appear in the conference program. The Index includes an alphabetical listing of all the conference speakers.

We hope that you will find the wide range and high quality of the presentations included in this *Book of Abstracts* both informative and inspiring!

Debbie Carroll and Anna Plaskett,
Program Committee
2010 CAMT Conference



La beauté de la musique c'est le fait qu'elle puisse transcender la diversité que nous célébrons dans notre vaste pays – des origines culturelles, des générations, des langues, des capacités et des préférences. En tant que forme première d'expression humaine, la musique intègre les mondes auditoire, physique, visuel, émotif et spirituel. Elle permet à la fois l'expression individuelle et le travail cohésif et fournit une mosaïque riche permettant de façonner notre vision personnelle, nos rêves et nos souvenirs. Dans les provinces maritimes nous avons des régions côtières historiques et des régions montagneuses; nous avons des cultures autochtone, afro-canadienne, anglaise, française, allemande et gaélique chacune ayant de riches racines musicales, ainsi que des récentes contributions venant d'autres communautés ethniques. En liant les générations les unes aux autres, nous avons des familles et des communautés qui continuent à créer de la musique formidable ensemble.

Il nous fait grand plaisir de présenter le *Livre des résumés* du 36^e congrès annuel de l'Association de musicothérapie du Canada, qui s'est tenu au Delta Halifax du 12 au 15 mai 2010.

È travers des conférences, ateliers, conférences principales et des ateliers pré-congrès, le thème du congrès, *La musicothérapie : l'harmonie de notre héritage*, a souligné l'expertise et talent dans notre profession. Cette année, nous avons accueilli un total de ?? conférencières / conférenciers qui sont venus de l'Afrique du sud, Angleterre, des États-Unis et partout à travers le Canada.

Nous avons regroupé les présentations en quatre sections comme suit:

Partie 1	Conférences et Ateliers
Partie 2	Table rondes
Partie 3	Conférences principales
Partie 4	Ateliers pré-congrès

Les deux premières parties comprennent les descriptions des propositions du congrès que nous avons reçues en réponse à l'Appel de Conférence. Elles sont présentées dans la langue de soumission et en ordre alphabétique selon les noms des conférenciers. Parties 3 et 4 incluent les textes bilingues des présentations telles qu'elles figurent dans le programme du congrès. L'index comprend une liste alphabétique des conférencières / conférenciers.

Nous espérons que vous trouverez enrichissantes et inspirantes le vaste choix et la haute qualité des présentations qui sont incluses dans ce *Livre des résumés*.

Debbie Carroll et Anna Plaskett
Comité de programmation
Congrès 2010 de l'AMC

PART 1 / PARTIE 1

PAPER PRESENTATIONS AND WORKSHOPS

CONFÉRENCES ET ATELIERS

***Improvising Beyond Genre - Toward Musical Transparency:
The Personal Cultural Context of Music Therapy***

CAROLYN ARNASON, PhD, MTA; **JOEL KROEKER**, MMT Candidate

Each music therapy client brings her/his own history and way of being-in-the-world to a session. The music therapist's role is to relate to the client's "cultural milieu", much like what an ethnographer does, but in the present spontaneous moment. The therapist tries to perceive from the client's perspective, a process that requires awareness of the client's social, cultural and personal environment. The music therapist "reads" the co-created improvisations, while trying to remain true to a client's particular "micro-cultural" musical propensities.

This act of clinical improvisation can have the distinct feeling of a cross-cultural experience, where the therapist is feeling his/her way through the interaction sensitively, note by note, while remaining keenly receptive to any seemingly invisible (or inaudible) micro-cultural pitfalls. Genres seem bounded by concepts, but perhaps sound itself is not. The more flexibility a music therapist has regarding genre preferences, the more possibilities there are in connecting with a client's improvised music.

In this presentation, the presenter will discuss and play excerpts from her experience of crossing stylistic genre boundaries with clients. In addition, she will explore a personal theory of improvisation called musical transparency. How can we suspend musical preconceptions in order to connect with a client's lived experience, and to effect change (i.e., moments of therapeutic transformation), knowing that our musical culture is what (re) creates us as musicians? How can we develop this kind of "genre-less" aesthetic, where the sounds of authenticity are recognized, without being delimited into categories?

Using Music as a Modality to Support Individuals in a Leisure Context

RHONDA BOOTH, BRec, CTRS; **RHONDA MACLEAN**, BRec, CTRA, Recreation Therapists

The ultimate goal for a recreation therapist is the client's self-report or demonstration of satisfaction, perceived freedom, autonomy, peak experience, and identity. This presentation will discuss the therapists' use of music as a modality to support clients to attain these goals. Leisure theory from Neulinger, Iso Ahola, Csikszentmihalyi and McGill will be presented along with program and individual intervention examples.

***Meeting across Cultures in Music Therapy:
One Music Therapist's Experiences in a Multicultural Special School***

SARAH BRADLEY, MMT

This presentation will draw on one therapist's experience of providing a music therapy service in a special school in Bradford, a culturally diverse city in England. Clinical vignettes will be presented on video and the challenges of working with clients who have different cultural backgrounds other than their own will be examined.

An overview of relevant literature (Stige, Pavlicevic, Robbins) will be presented with a focus on the broad issues of cross-cultural working, including different cultural perceptions of music, gender roles, and the role of music in religious and community settings. The presenter will also discuss her own framework for cross-cultural music therapy work. The concept of 'music universals' will be challenged, and the importance of meeting a client as an individual will be discussed.

Video examples of music therapy work with children with Pakistani heritage will underline the need for music therapists working within culturally diverse settings to consider the kind of music they use in their clinical improvisations, and how it may be perceived by their clients. Case material also vividly illustrates the importance of negotiating a 'shared musical culture' between client and therapist, which transcends the issues of meeting across cultures, and allows client and therapist to come together.

Approaches to Teaching Clinical Improvisation: A Workshop-Dialogue

DEBBIE CARROLL, PhD, MTA; CLAIRE LEFEBVRE, MA, MTA; PAUL LAUZON, MMT, MTA

Improvisation plays a central role in the clinical practice of music therapy. Teaching clinical musicianship can be a challenging task. Apart from the ability to identify and understand the ensemble of clinical improvisation techniques, the effective use of musical improvisation as a catalyst for change relies on multifaceted skills, which include listening attentively to one's music-making and evaluating it in relation to self and others, expanding one's musical resources, and applying them in clinical context through the intentional use of improvisational techniques.

In this workshop-dialogue, Debbie Carroll and Claire Lefebvre (Université du Québec à Montréal), and Paul Lauzon (Acadia University) will share their approaches to teaching the *what, why, when and how* of clinical improvisation techniques to undergraduate music therapy students.

A brief demonstration of the ways in which the presenters developed their respective approaches to teaching clinical improvisation (Carroll & Lefebvre, 1999, 2000, 2002; Lauzon, 2006) will be followed by an experiential component during which participants will be invited to engage in a series of role-play exercises designed to explore the clinical application of these techniques from the perspective of the two approaches.

It is hoped that this presentation will encourage continuing dialogue on effective approaches to teaching clinical techniques and how to apply them in clinical contexts. This presentation will be of particular interest to music therapy students, educators, supervisors and clinicians.

References

- Bruscia, K. (1987). *Improvisational models of music therapy*. Springfield, Ill: Charles C. Thomas.
- Carroll, D. & Lefebvre, C. (2002). Teaching clinical improvisation: A workshop demonstration. From the Book of Abstracts of the 10th World Congress of Music Therapy ~ *Dialogue and Debate: Music Therapy in the 21st Century: A Contemporary Force for Change*. Oxford, England. July 23-28.
- Carroll, D. & Lefebvre, C. (2000). *A guide for understanding and applying clinical improvisational techniques in music therapy*, Workshop - Presentation at the 27th annual CAMT conference, Toronto, ON.
- Carroll, D. & Lefebvre, C. (1999). *A guide for understanding and applying clinical improvisational techniques in music therapy*. Research poster presented at the Clinical Practice Forum Presentations, 9th annual World Music Therapy Congress, Washington, D.C., Nov. 17-22. Conference Theme: *Music Therapy: A global mosaic ~ Many voices, one song*.
- Lauzon, P. (2006). The Playwheel: A model for therapeutic improvisation. *Canadian Journal of Music Therapy/ Revue canadienne de musicothérapie*, XII (1), 92-108.
- Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators and students*. London: Jessica Kingsley Publishers.

Inter-professional Education in Mental Health: Implications for Music Therapy

TONYA CASTLE PURVIS, MTA, MPH, PhD student/étudiante

With the expectations of outcome-based funding and the move toward regulation coupled with the number of music therapists who identify as mental health workers, the time has come to foster greater collaboration between music therapy and other mental health professions. Inter-professional education (IPE) can play a significant role in preparing for effective teamwork in clinical practice, and improving client outcomes. This presentation will review the evidence supporting IPE in mental health settings and discuss the benefits of implementing IPE in pre-licensure music therapy education.

References

- Abbott, E. A. (2006). The administration of music therapy training clinics: A descriptive study. *Journal of Music Therapy*, 43(1), 63-81.
- Austin, W., Park, C., & Goble, E. (2008). From interdisciplinary to transdisciplinary research: A case study. *Qualitative Health Research*, 18(4), 557-564.
- Barnes, D., Carpenter, J., & Bailey, D. (2000). Partnerships with service users in interprofessional education for community mental health: A case study. *Journal of Interprofessional Care*, 14(2), 189.
- Barnes, D., Carpenter, J., & Dickinson, C. (2000). Interprofessional education for community mental health: Attitudes to community care and professional stereotypes. *Social Work Education*, 19(6), 565.

- Barr, H., Freeth, D., Hammick, M., Koppel, I., & Reeves, S. (1999). *Evaluating interprofessional education: A United Kingdom review for health and social care*. London: BERA/CAIPE.
- Barr, H., Koppel, I., Reeves, S., Hammick, M., & Freeth, D. (2005). *Effective interprofessional education: Argument, assumption & evidence*. Oxford, UK: Blackwell Publishing.
- Barr, H. (2005). Canada as a case study. *Journal of Interprofessional Care*, 19(2 supp 1), 5.
- Barrett, J., Curran, V., Glynn, L., & Godwin, M. (2007). *Canadian health services research foundation synthesis: Interprofessional collaboration and quality primary care*. Ottawa: CHSRF.
- Brajtman, S., Hall, P., Weaver, L., Higuchi, K., Allard, P., & Mullins, D. (2008). An interprofessional educational intervention on delirium for health care teams: Providing opportunities to enhance collaboration. *Journal of Interprofessional Care*, 22(6), 658.
- Brown, J., Simons, L., & Zeeman, L. (2008). New ways of working: How mental health practitioners perceive their training and role. *Journal of Psychiatric and Mental Health Nursing*, 15(10), 823-832.
- Brown, J., Simons, L., & Zeeman, L. (2008). New ways of working: How mental health practitioners perceive their training and role. *Journal of Psychiatric and Mental Health Nursing*, 15(10), 823-832.
- Burke, A., Ginzburg, K., Collie, K., & et al. (2005). Exploring the role of complementary and alternative medicine in public health practice and training. *The Journal of Alternative and Complementary Medicine*, 11(5), 931-936.
- Canadian Association for Music Therapy. (2008). *CAMT 2008 member sourcebook*.
- Carpenter, J., Barnes, D., Dickinson, C., & Wooff, D. (2006). Outcomes of interprofessional education for community mental health services in England: The longitudinal evaluation of a postgraduate programme. *Journal of Interprofessional Care*, 20(2), 145.
- Cassidy, M., & Cassidy, J. (2006). *Multimodal psychiatric music therapy* (3rd ed.). London: Jessica Kingsley.
- Choi, B. (2008). Awareness of music therapy practices and factors influencing specific theoretical approaches. *Journal of Music Therapy*, 45(1), March 5, 2009. doi:1485170761
- Clark, P. G. (2006). What would a theory of interprofessional education look like? Some suggestions for developing a theoretical framework for teamwork training. *Journal of Interprofessional Care*, 20(6), 577.
- Cook, D. A. (2005). Models of interprofessional learning in Canada. *Journal of Interprofessional Care*, 19(2 supp 1), 107.
- Cooper, H., Spencer-Dawe, E., & Mclean, E. (2005). Beginning the process of teamwork: Design, implementation and evaluation of an inter-professional education intervention for first year undergraduate students. *Journal of Interprofessional Care*, 19(5), 492.
- Copley, J. A., Allison, H. D., Hill, A. E., Moran, M. C., Tait, J. A., & Day, T. (2007). Making interprofessional education real: A university clinic model. *Australian Health Review: A Publication of the Australian Hospital Association*, 31(3), 351-357.
- Curran V, Ungar T, and Pauzé E. (2006). *Strengthening collaboration through interprofessional education: A resource for collaborative mental health care educators*. Mississauga, Ontario: Canadian Collaborative. Retrieved from www.ccmhi.ca
- D'Amour, D., Ferrada-Videla, M., Rodriguez, L. S. M., & Beaulieu, M. (2005). The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. *Journal of Interprofessional Care*, 19(2 supp 1), 116.
- D'Amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care*, 19(2 supp 1), 8.
- Darnley-Smith, R., & Patey, H. (2003). *Music therapy*. London: SAGE.
- Davoli, Gerald W. (phd,Mph, Ches), & Fine, L. (2004). Stacking the deck for success in interprofessional collaboration. *Health Promotion Practice*, 5(3), 266-270.

- Evans, D. (2002). The effectiveness of music as an intervention for hospital patients: A systematic review. *Journal of Advanced Nursing*, 37, 8-18.
- Fowler, K. L. (2006). The relations between personality characteristics, work environment, and the professional well-being of music therapists. *Journal of Music Therapy*, 43(3), 174-197.
- Fronek, P., Kendall, M., Ungerer, G., Malt, J., Eugarde, E., & Geraghty, T. (2009). Towards healthy professional-client relationships: The value of an interprofessional training course. *Journal of Interprofessional Care*, 23(1), 16.
- Gilbert, J. H. (2005). Interprofessional learning and higher education structural barriers. *Journal of Interprofessional Care*, 19(2 supp 1), 87.
- Glasby, J., & Lester, H. (2004). Cases for change in mental health: Partnership working in mental health services. *Journal of Interprofessional Care*, 18(1), 7.
- Gold, C., Heldal, T., Dahle, T., & Wigram, T. (2005). Music therapy for schizophrenia or schizophrenia-like illnesses,(2), January 9, 2006. doi:10.1002/14651858.CD004025.pub2.
- Hammick, M., Freeth, D., Koppel, I., Reeves, S. & Barr, H. (2007). A best evidence systematic review of interprofessional education: BEME Guide no. 9. *Medical Teacher* 29 (8), 735-51.
- Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care*, 19(2 supp 1), 188.
- Health Council of Canada. (2005). *Health care renewal in Canada: Accelerating change*. Retrieved from <http://hcc-ccs.com.libaccess.lib.mcmaster.ca/index.aspx>
- Hessig, R. E., Arcand, L. L., & Frost, M. H. (2004). The effects of an educational intervention on oncology nurses' attitude, perceived knowledge, and self-reported application of complementary therapies. *Oncology Nursing Forum*, 31(1), 71-78.
- Hudson, B. (2002). Interprofessionality in health and social care: The achilles' heel of partnership? *Journal of Interprofessional Care*, 16(1), 7.
- Hughes, J. L., Hemingway, S., & Smith, A. G. (2005). Interprofessional education: Nursing and occupational therapy – could old rivals integrate? *Nurse Education in Practice*, 5(1), 10-20.
- Jones, C. (2005). The spectrum of therapeutic influences and integrative health care: Classifying health care practices by mode of therapeutic action. *The Journal of Alternative and Complementary Medicine*, 11(5), 937-944.
- Kates, N. (2002). Shared mental health care. the way ahead. *Canadian Family Physician*, May (48), 853-5-859-61. Retrieved from PubMed Central database.
- Kirby, M. (2002). *The health of Canadians - the federal role: Final report on the state of the health care system in Canada*. The Standing Senate Committee on Social Affairs, Science and Technology. Retrieved from <http://www.parl.gc.ca.libaccess.lib.mcmaster.ca/37/2/parlbus/commbus/senate/com-e/socie/rep-/repoct02vol6highlights-e.htm>
- Knight, A. J. (2008). Music therapy internship supervisors and preinternship students: A comparative analysis of questionnaires. *Journal of Music Therapy*, 45(1), 75-92.
- Larkin, C., & Callaghan, P. (2005). Professionals' perceptions of interprofessional working in community mental health teams. *Journal of Interprofessional Care*, 19(4), 338.
- Levitin, D. (2006). *This is your brain on music*. London: Dutton.
- Lumague, M., Morgan, A., Mak, D., Hanna, M., Kwong, J., Cameron, C., et al. (2006). Interprofessional education: The student perspective. *Journal of Interprofessional Care*, 20(3), 246.
- Martín-Rodríguez, L. S., Beaulieu, M., D'Amour, D., & Ferrada-Videla, M. (2005). The determinants of successful collaboration: A review of theoretical and empirical studies. *Journal of Interprofessional Care*, 19(2 supp 1), 132.
- McVicar J., Deacon D., Curran V., Cornish P. (2005). *Interprofessional education initiatives in collaborative mental health care*. Mississauga, Ontario: Canadian Collaborative Mental Health Initiative. Retrieved from www.ccmhi.ca

- Meads, G., & Ashcroft, J. (2005). *The case for interprofessional collaboration*. Oxford, UK: Blackwell Publishing.
- Music therapy in the treatment of adults with mental disorders*(2005). In R.Unkefer & M. Thaut (Eds.). Gilsum, NH: Barcelona Publishers.
- Nickel, A. K., Hillecke, T., Argstatter, H., & Bolay, H. V. (2005). Outcome research in music therapy: A step on the long road to an evidence-based treatment. *Annals of the New York Academy of Sciences*, 1060, 283-293.
- Nolan, E., & Hewison, A. (2008). Teamwork in primary care mental health: A policy analysis. *Journal of Nursing Management*, 16(6), 649-661.
- Oandasan, I., & Reeves, S. (2005). Key elements for interprofessional education. Part 1: The learner, the educator and the learning context. *Journal of Interprofessional Care*, 19(2 supp 1), 21.
- Oandasan, I., & Reeves, S. (2005). Key elements of interprofessional education. part 2: Factors, processes and outcomes. *Journal of Interprofessional Care*, 19(2 supp 1), 39.
- O'Kelly, J. (2006). *Multi disciplinary perspectives of music therapy in adult palliative care*. Unpublished Masters, Kings College, London.
- O'Kelly, J., & Koffman, J. (2007). Multidisciplinary perspectives of music therapy in adult palliative care. *Palliative Medicine*, 21(3), 235-241.
- Pecukonis, E., Doyle, O., & Bliss, D. L. (2008). Reducing barriers to interprofessional training: Promoting interprofessional cultural competence. *Journal of Interprofessional Care*, 22(4), 417.
- Pollard, K. C., & Miers, M. E. (2008). From students to professionals: Results of a longitudinal study of attitudes to pre-qualifying collaborative learning and working in health and social care in the united kingdom. *Journal of Interprofessional Care*, 22(4), 399.
- Preist, H., Roberts, P., Dent, H., Blincoe, C., Lawton, D., & Armstrong, C. (2008). Interprofessional education and working in mental health: In search of the evidence base. *Journal of Nursing Management*, 16(4), 474-485.
- Pulman, A., Scammell, J., & Martin, M. (2009). Enabling interprofessional education: The role of technology to enhance learning. *Nurse Education Today*, 29(2), 232-239.
- Purden, M. (2005). Cultural considerations in interprofessional education and practice. *Journal of Interprofessional Care*, 19(2 supp 1), 224.
- Reeves, S., Zwarenstein, M., Goldman, J., Barr, H., Freeth, D., Hammick, M., et al. (2008). Interprofessional education: Effects on professional practice and health care outcomes. (1), March 10, 2009. doi:10.1002/14651858.CD002213.pub2.
- Reeves, S. (2001). A systematic review of the effects of interprofessional education on staff involved in the care of adults with mental health problems. *Journal of Psychiatric & Mental Health Nursing*, 8(6)
- Reeves, S., & Freeth, D. (2006). Re-examining the evaluation of interprofessional education for community mental health teams with a different lens: Understanding presage, process and product factors. *Journal of Psychiatric and Mental Health Nursing*, 13(6), 765-770.
- Reeves, S., Freeth, D., Glen, S., Leiba, T., Berridge, E., & Herzberg, J. (2006). Delivering practice-based interprofessional education to community mental health teams: Understanding some key lessons. *Nurse Education in Practice*, 6(5), 246-253.
- Register, D. (2002). Collaboration and consultation: A survey of board certified music therapists. *Journal of Music Therapy*, 39(4), 305-321.
- Rolls, L., Davis, E., & Coupland, K. (2002). Improving serious mental illness through interprofessional education. *Journal of Psychiatric & Mental Health Nursing*, 9(3), 317-324.
- Romanow, R. (2002). *Building on values: The future of health care in Canada - final report*. Commission on the Future of Health Care in Canada. Retrieved from <http://www.hcsc.gc.ca/english/care/romanow/index1.html>

- Silverman, M. (2007). Evaluating current trends in psychiatric music therapy: A descriptive analysis. *Journal of Music Therapy*, 44(4), March 2, 2009. doi:1446352421
- Steiner, J., Ponce, A., Styron, T., Aklin, E., & Wexler, B. (2008). Teaching an interdisciplinary approach to the treatment of chronic mental illness: Challenges and rewards. *Academic Psychiatry : The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 32(3), 255-258.
- Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care*, 23(1), 41.
- Thaut, M. H. (2005). The future of music in therapy and medicine. *Annals of the New York Academy of Sciences*, 1060, 303-308.
- Thompson, C., Kinmonth, A., Stevens, L., Pevele, R., Stevens, A., Ostler, K., et al. (2000). Effects of a clinical-practice guideline and practice-based education on detection and outcome of depression in primary care: Hampshire depression project randomized controlled trial. *The Lancet*, 355(9199), 185-191.
- Wheeler, B. L. (2002). Experiences and concerns of students during music therapy practica. *Journal of Music Therapy*, 39(4), 274-304.
- Wood, D. F. (2001). Interprofessional education – still more questions than answers? *Medical Education*, 35(9), 816-817.
- Young, A., Chinman, M., Forquer, S., Knight, E., Vogel, H., Miller, A., et al. (2005). Use of a consumer-led intervention to improve provider competencies. *Psychiatric Services*, 56, 967-975.
- Young, A., McCracken, W., Tattersall, H., & Bamford, J. (2005). Interprofessional working in the context of newborn hearing screening: Education and social services compare challenges. *Journal of Interprofessional Care*, 19(4), 386.
- ZaZa, C., & Sellick, S. (1999). Assessing the impact of evidence-based continuing education on nonpharmacologic management of cancer pain. *Journal of Cancer Education*, 14, 164-167.
- Zwarenstein, M., & Bryant, W. (2000). Interventions to promote collaboration between nurses and doctors.(2), March 2, 2009. doi:10.1002/14651858.CD000072
- Zwarenstein, M., Reeves, S., Barr, H., Hammick, M., Koppel, I., & Atkins, J. (2000). Interprofessional education: Effects on professional practice and health care outcomes.(3), February 19, 2009. doi:10.1002/14651858.CD002213
- Zwarenstein, M., Reeves, S., & Perrier, L. (2005). Effectiveness of pre-licensure interprofessional education and post-licensure collaborative interventions. *Journal of Interprofessional Care*, 19(2 supp 1), 148.

Episodes of Relationship Completion through Song in Palliative Care

AMY CLEMENTS-CORTES, PhD, MusM, MTA

This presentation will involve the dissemination of research results for a study that utilized a combination of intrinsic and instrumental case studies to describe the experience of four dying persons and their significant relations, as they engaged in music therapy sessions designed with the goal of facilitating relationship completion. The four primary participants were diagnosed with a terminal illness and a life expectancy of less than six months. Two spouses who were involved in music therapy sessions were co-participants. Through the use of narrative research methods I was able to describe, interpret, and understand the complexity held within the multiple data sources that informed each case study.

Data sources included: music created, utilized, recorded, and/or discussed in music therapy sessions; discussions during music therapy sessions; researcher's field notes; formal notes placed in the participant's medical charts; formal written assessment; transcriptions of audio-taped music therapy sessions; interviews; interview transcriptions; artistic pieces crafted by myself that emerged from participants' experiences as reflected in their interviews and participation in weekly sessions – these pieces were verified by the participants; other artistic material. The rich knowledge that emerged from the individual case studies informed a cross-case analysis where global themes were identified. Global themes included: love; loss; gratitude; growth/transformation; courage/strength; and goodbye.

Highlights and excerpts from the four case studies, representing each of the rich and detailed stories, will be presented, along with music written by participants as well as narratives and artistic pieces representing each participant's experience. Analysis of themes that emerged from the participants' experiences as well as process motifs arising from the progression of participant engagement in music therapy will be described. I will conclude the presentation with a summary of the knowledge revealed and a discussion of implications for music therapists and health care professionals.

References

- Byock, I. (2004). *The four things that matter most: A book about living*. New York: Free Press.
- Dileo, C., & Magill, L. (2005). Song writing with oncology and hospice adult patients from a multicultural perspective. In F. Baker and T. Wigram (Eds.), *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators, and students* (pp. 180-205). London, UK: Jessica Kingsley.
- Dileo, C., & Parker, C. (2005). Final moments: The use of song in relationship completion. In C. Dileo & J. V. Loewy (Eds.), *Music therapy at the end of life* (pp. 43-56). Cherry Hill, NJ: Jeffrey Books.
- Forinash, M., & Grocke, D. (2005). Phenomenological Inquiry. In B. Wheeler (Ed.), *Music therapy research* (2nd ed., pp. 321-334). Gilsum, NH: Barcelona Publishers.
- Hilliard, R. E. (2005). Music therapy in hospice and palliative care: A review of the empirical data. *Evidence Base and Complimentary Alternative Medicine*, 2(2), 173-178.

Orff Schulwerk Process in Music Therapy in Medical Pediatric Settings

CYNTHIA COLWELL-DUNN, PhD, MT-BC

This presentation will provide an overview of Orff Schulwerk and applications using speech poems, rhymes, songs, chants, and books within the approach's central experiences of movement, body percussion, singing, and playing pitched/unpitched instruments. Focus will be on Orff-based music therapy in pediatric medical settings to address coping skills and other functional outcomes.

Learner Objectives/Participant Outcomes:

- 1) To experience the Orff process through imitation, exploration, improvisation, musical creation and potential musical independence.
- 2) To use the voice, body and instruments common to the Orff approach in therapeutic applications through singing, chanting, moving, playing instruments, creating and listening.
- 3) To develop an understanding off how the Orff approach can be used to address functional outcomes in therapeutic sessions.
- 4) To examine initial research supporting the use of the Orff process to address coping skills and other functional outcomes of children in pediatric medical settings.

Description

Spending time in the hospital as a patient can be highly upsetting for a child. This experience can influence physiological and psychosocial aspects that can impact both the physical and mental health of the hospitalized child. Altered vital signs including increased heart rate, elevated blood pressure, and decreased oxygen saturation can indicate physiological responses to this stressful experience. Increased anxiety and enhanced pain perception are self-reported psychosocial measures that may also be affected. In addition, behavioral distress can be observed in the patient's level of engagement through changes in eye contact, facial affect, verbal interaction, and participation. The efforts of the hospitalized child to *cope* with the stressful environment can be observed through changes in these physiological and psychosocial measures.

Children exhibit coping strategies in response to the hospital environment, medical personnel, and internal/external events that occur in those surroundings. Coping strategies are behavioral or psychological attempts to interact with stressful events. Children who are positively and actively engaged with the environment typically cope with the trauma of hospitalization in a more appropriate way. One possible design for active music-making is to implement a session based on the Orff approach.

References

- Bitcon, C. H. (2000). *Alike and different: The clinical and educational uses of Orff Schulwerk*. (2nd ed.) Gilsum, NH: Barcelona Publishers.
- Colwell, C. (2009). Orff-based music therapy in the pediatric hospital setting. *The Orff Echo*, 41, 20-23.
- Colwell, C. (2005). The Orff approach to music therapy. *The Orff Echo*, 38(10), 19-21.

- Colwell, C. M., Achey, C., Gillmeister, G., & Woolrich, J. (2003). The Orff approach to music therapy. In A. A. Darrow (Ed), *Introduction to methodologies in music therapy*. Silver Spring, MD: AMTA, Inc.
- Colwell, C. M., & Edwards, R. C. (in revision). The impact of training in the Orff Schulwerk process on music therapy session plans. *The Orff Echo*.
- Colwell, C. M., Edwards, R. C., & Brees, K. (in review). Impact of music therapy interventions (listening, composition, Orff-based) on the physiological and psychological behaviors of hospitalized children. *Journal of Music Therapy*.
- Gadberry, A. (2005). Reaching students with special needs through the Orff approach. *The Orff Echo*, 38(1), 27.
- Hilliard, R. E. (2007). The effects of Orff-based music therapy and social work groups on childhood grief symptoms and behaviors. *Journal of Music Therapy*, 44, 123-138.
- Orff, C. (1994). The Schulwerk and music therapy: Carl Orff, 1964. *The Orff Echo*, 26(4), 10-13.
- Orff, G. (1989). *Key concepts in the Orff music therapy*. (J. Day & S. Salmon, Trans.) London, UK: Schott & Co. Ltd.
- Register, D. M., & Hilliard, R. E. (2007). Using Orff-based techniques in children's bereavement groups: A cognitive-behavioral music therapy approach. *The Arts in Psychotherapy*, 35(2), 162-170.
- Robb, S. L. (2000). The effect of therapeutic music interventions on the behavior of hospitalized children in isolation: Developing a contextual support model of music therapy. *Journal of Music Therapy*, 37, 118-146.
- Shamrock, M. (1997). Orff-Schulwerk: An integrated foundation. *Music Educators Journal*, 83(6), 41-44.

Harmony in Healthcare: Music Therapy within a Multi-Disciplinary Practice

NOREEN DONNELL, MMT, MTA; **ROBERT HARRIS**, MMT; **KIM PACE**, M.Sc., S-LP (c)

What does it mean to truly work within a multi-disciplinary model? How does the music therapist co-treat with other therapists, support related goals, and deliver effective clinical outcomes on a clinical team? This workshop will examine the differences between an intra-disciplinary and a trans-disciplinary approach, as well as demonstrate clinical examples of each. To fully join the healthcare field as an equal partner, music therapy not only has to align itself closely with other disciplines, but also offer the benefits of a primary and separate treatment modality. A featured resource for this workshop is the newly-released "Singalingalong" CD and manual of clinical songs for children.

Using Song Forms to Facilitate Life Changes for a Person with Chronic Mental Illness

LILLIAN EYRE, PhD, MTA, MT-BC, LPC

This presentation will present a case study in which individual music therapy sessions were used to treat problematic behaviours of a mentally challenged client who also had mental illness. Various song forms were used in a client-centred approach to access and work through psychodynamic issues in a safe manner.

This presentation is a case study that describes the clinical music therapy process that took place in individual weekly sessions over a period of six months with a middle-aged man diagnosed with chronic mental illness and developmental delay. Pre-composed songs, song composition, song improvisation, and spoken word songs were used to access long-standing psychological problems in a client-centered psychodynamic approach. The client was a resident in an extended acute care unit where the goal was to change behaviours that rendered him difficult to place in community settings. Individual music therapy helped the client to go beyond his behavioural symptoms and to express the deeper issues related to his behaviours. The song form provided five essential therapeutic functions: a reflection of the client's identity, a means of being heard, a container for intolerable feelings, an opportunity for self-soothing, and an object of engagement with oneself and with another. Through the use of various song forms, the client was able to express and process unresolved sexual abuse issues, and understand what had driven him to reenact similar behaviours throughout his life. Audiofiles of the client's songs will be heard and discussed as they relate to his life narrative, his symptomatic behaviour, and his psyche. The presenter will discuss a rationale and approach for working in a psychodynamic way that is appropriate and helpful to persons with major chronic mental illnesses who have limited abilities for abstraction.

References

- Austin, D. (2009). *The theory and practice of vocal psychotherapy: Songs of the self*. Gilsum: NH, Barcelona Publishers.
- Austin, D. (2001). In search of the self: The use of vocal holding techniques in adults traumatized as children. *Music Therapy Perspectives*, 19, 1.
- Davies, J. & Frawley, M. (1994). *Treating the adult survivor of childhood sexual abuse: A psychoanalytic perspective*. New York, NY: Basic Books.
- Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.
- Moreno, J. (1999). *Acting your inner music: Music therapy and psychodrama*. Saint Louis: MO, MMB Music Inc.

Clinical Applications of Voice & Drumming in Group Work

LILLIAN EYRE, PhD, MTA, MT-BC, LPC

This experiential and didactic presentation will focus on applications of voice and drumming when working with clinical populations in groups. A theoretical framework for understanding the importance of the integration of voice and drumming will be presented. Participants will have the opportunity to learn chants and integrate them with drumming.

References

- Beaulieu, J. (1987). *Music and sound in the healing arts: An energy approach*. Barrytown, New York, NY: Station Hill Press.
- Dewhurst-Maddock, O. (1993). *The book of sound therapy: Heal yourself with music and voice*. New York, NY: Simon & Schuster, Inc.
- Friedman, R. L. (2000). *The healing power of the drum*. Reno, NV: White Cliffs Media.
- Matney, B. (2007). *Tataku: The use of percussion in music therapy*. Denton, TX: Sarsen Publications.
- Reuer, B., Crowe, B., Bernstein, B. (2007). *Group rhythm and drumming with older adults: Music therapy techniques and multimedia training guide*. Silver Spring, MD: American Music Therapy Association.

Increasing Social Responsiveness in a Child with Autism: A Comparison of Music and Non-Music Interventions

EMILY FINNIGAN, BMT, M.Ed, MTA

This presentation will review research results from a study that sought to determine the effects of using music and non-music interventions on the social responsive and avoidant behaviours of a preschool child with autism. Single-subject alternating treatment design and results from both interventions and implications for future research will be discussed.

Background of study: Music therapy is being used on an increasing basis for children with autism therefore, it is necessary to establish its effectiveness as an evidence-based intervention.

Objectives: This research sought to determine the effect of using music therapy on the social responsiveness and avoidant behaviours of a preschool child with autism. Specifically, it was hypothesized that the child would engage in a greater number of social responsive behaviours and fewer avoidance behaviours in a music therapy condition than in a non-music condition.

Method: A single subject design with alternating treatments was used to evaluate the effects of both music and non-music interventions. The non-music and music interventions were designed and implemented in an identical fashion the only difference being the addition of music. The Rating Scale for Child Affect and General Behaviour was also used in the study to determine the general effects that the intervention may produce.

Results: Results indicated that the music therapy intervention produced a higher frequency of each of the three social responsive behaviours (i.e., eye contact, imitation, turn-taking). Furthermore, no instances of social avoidant behaviours occurred in the music condition. As a result, the music intervention was then applied to the non-music toys, and over the course of seven additional sessions, higher frequencies of the three social responsive behaviours were observed.

Conclusions: It is suggested that because music was a preferred activity, the participant was motivated to engage in more social responsive behaviours during the music intervention. The fact that music therapy appears to be motivating for a young child with autism suggests the importance of incorporating music therapy interventions into programming for pre-school children with autism.

***Turn Your Great Idea into a Successful Proposal:
Grant Proposal Writing Skills Workshop***

WANDA GASCHO-WHITE, MTA

This presentation will discuss the principles and process of developing a professional project proposal- from the inception of the idea to submission of the application for funding. It will address issues such as seeking an appropriate foundation, meeting the mandate of the foundation and specifics such as writing content and style. The presentation will address in particular, questions regarding application to the Canadian Music Therapy Trust Fund (CMTTF), but the skills taught are also intended to apply to foundation and agency applications in the general sense. This workshop will be practical in nature; applicants are welcome to bring proposals that they are currently working on to ask specific questions.

MT Booster Shot...Enhancing Staff Morale in the Work Place...Show a Little Profile!

FRAN HERMAN, RMT, CCW, MTA; EVE HERMAN, B.Ed
JENNIFER BUCHANAN, BMT, MTA; PAUL LAUZON, MMT, MTA

A look at a group show biz project initiated by Fran Herman many years ago, and how it helped create a feeling on community in a hospital setting.

Perspectives on the Development of Music Therapy in Quebec: The Role of UQÀM

CONNIE ISENBERG-GRZEDA, PhD, MTA

The development of music therapy in Quebec over the last quarter century, 1985-2010, will be looked at through the lens of the training programme at *Université du Québec à Montréal*. Challenges faced in the training and the role of UQÀM in the wider music therapy community will also be examined.

Let's Make Some Music Together

CHRISTELLE JACQUET, MMT, MTA ; **JULIE BERGERON**, B.Ed, M.Ed

How can we integrate hospitalized children of various ages and their families in an open music circle? A collaboration of Child Life and Music Therapy is the answer. Many studies have shown that music can help children cope with their hospitalization by providing an open space in which they can interact with other peers and allow their creativity and inner strengths to grow (Kennelly & Brien-Elliott, 2001; Barrera, Rykov & Doyle, 2002; Hendon & Bohon, 2007). In this presentation, the concepts, goals and structure of the program will be illustrated with examples in which the audience will be invited to participate.

Presentation outline:

1. Identify purposes and benefits of the program
 - a. General goals and objectives
 - b. Benefits for: child, family, staff
2. Identify the populations targeted
 - a. Units, waiting room, clinics
 - b. Size of the group
 - c. Open-group/ selected group (in and out)
 - d. Children only or with parents and siblings
 - e. Mix of age, culture, language
 - f. Mix of diagnosis
 - g. Differences in duration of hospitalization
3. Describe content of the program (interventions, materials)
 - a. See age-groups
4. Give practical guidelines for successful inter-disciplinary interventions
 - a. Weekly Meetings
 - b. Binder of resources, evaluation forms, article
 - c. Dispatching of activities (movements, massages)
 - d. Gathering of children, medical support
 - e. Sharing responsibilities of group dynamics (e.g. crisis)
 - f. Scheduling and time keeping.

The hospital environment, the complexity of reaching patients with various medical conditions, cultural backgrounds and ages are at the core of this presentation. The collaboration between two interconnected professions, Child Life and Music Therapy is an essential component of the success of such a program. Strengths and creativity are joined to make of these weekly groups, a place of fun and support.

References

- Kennelly J. & Brien-Elliott K (2001). The role of music therapy in pediatric rehabilitation, *Pediatric Rehabilitation*, 4 (3), 137-143.
- Barrera M., Rykov M. & Doyle S (2002). The effect of interactive music therapy on hospitalized children with cancer: A pilot study, *Psycho-Oncology*, 11, 379-388.
- Hendon C., Bohon, L.M. (2007). *Hospitalized children's mood differences during play and music therapy*, Journal compilation. Oxford, UK: Blackwell Publishing Ltd.

Lullaby 101: A program for At-Risk and Parenting Teens and Adults

RONNA KAPLAN, MA, MT-BC, NMT

This presentation describes an ongoing program involving partnerships between a community music school, a local social service and medical agencies to educate expectant and parenting teens and adults with depression and other mental illnesses. Program rationale and logic model, interventions, outcomes, results, and responses will be shared.

The presenter, an experienced music therapist and program manager, will discuss the rationale for singing lullabies in general, and with specific at-risk populations, such as teen-age parents and parents with depression or other mental illnesses. She will explain a logic model including basic assumptions, resources and constraints, activities, outputs and desired outcomes for the Lullaby 101 program. She will also share some demographics, as well as results/responses from parents who completed the sessions. Participants will brainstorm and define lullabies and their characteristics. Guidelines for selecting calming music for babies and toddlers, as well as possible soothing activities to do while singing lullabies will be provided. Participants will have the opportunity to learn lullaby repertoire and ways to personalize songs for parents and babies. Finally, the presenter will outline attributes of successful, effective partnerships for such a program and the benefits of having a music therapist lead a lullaby group. Handouts and references (see below) will be provided.

References

- De L'Etoile, S. K. (2006). Infant-directed Singing: A theory for clinical intervention. *Music Therapy Perspectives*, 24 (1), 22-29.
- Hatters-Friedman, S. (2006). Mental illness during pregnancy and the postpartum-power point presentation. Help Me Grow, Keys to Caregiving, 2005, (www.ohiohelpmegrow.org)
- Huron, D. (2003). Is Music an Evolutionary Adaptation? In I. Peretz & R. J. Zatorre (Eds.) *The cognitive neuroscience of music*. New York, NY: Oxford University Press, 57-58.
- Lyons-Ruth, K., Connell, D. B., Grunebaum, H. U., & Botein, S. (1990). Infants at social risk: Maternal depression and family support services as mediators of infant development and security of attachment. *Child Development*, 61, 85-98.
- Murray, L. (1992). The impact of postnatal depression on infant development. *Journal of Child Psychology and Psychiatry*, 3343-3561.
- Schwartz, F., Ritchie, R. (1999). Music listening in neonatal intensive care units. In C. Dileo (ed.), *Music therapy & medicine: Theoretical and clinical applications*. Silver Spring, MD: American Music Therapy Association, Inc., 13-22.
- Standley, J. M. (2003). *Music therapy with premature infants: Research and developmental interventions*. Silver Spring, MD: The American Music Therapy Association. (September, 2005, in *Music Therapy Perspectives*).

Music Improvisation for the Severely Impaired: Transcending Disability to Achieve Harmonious States

MELANIE KEYES, BMA, BMT, MTA; **JACQUELINE SEO**, BMus, MMT

It is natural to strive for a sense of harmony. Severe disability, however, often makes it difficult for people to meaningfully express themselves or engage and connect with others.

I can't see you. My eyes are blind. I can not reach out to you. My limbs are still. I can not speak. But I hear you. What is that new sound? It makes me laugh! The music is playing with me.

From my mouth there comes a sound. A sound born of laughter. A single sound. But my sound is not alone or lonely. You have heard my sound, and it has multiplied. From my single sound we have joined in harmony. My sound is myself, but we too, are one.

Striving to become an integrated part of a greater whole is part of human nature. By achieving a harmonious state with others, individuals feel connected to something bigger than themselves. They become a valued member of their community and do not feel alone. This pleasing sense of connection is sometimes difficult to achieve. Severe cognitive, physical and communication impairments often lead to isolation and make it difficult for people to meaningfully engage with others. Often disability impedes organized action, and inhibits expressive abilities.

In this presentation, video examples will illustrate the various ways patients are encouraged to connect and engage in music – in whatever way they are able- through vocal and instrumental playing, and moving to music. Patients who might otherwise be seen at bedside join together. Presenters will share comments from staff members, who express amazement at the level of responsiveness achieved in music therapy by their patients, who they regularly care for.

Music Therapy and Community Development in Daycare

BERNADETTE KUTARNA, MA, FAMI, MTA

A daycare is a community. Music therapy and community development fit together easily. The literature on active music making is full of important things to say about how the brain develops when children are involved in consistent, high quality music making. The SEARCH Institute has identified “40 Developmental Assets for Children.” This presentation will address the question: How can music therapy and community development fit together within a daycare setting?

Over the years my involvement in community development has influenced my community music therapy practice. This presentation will include a reflection interfacing the developmental assets identified by the SEARCH Institute, as well as music therapy theory and research drawn from the work of Dorita Berger/Daniel Schneck and Carolyn Kenny. The development of young children has both a cognitive and social/community aspect. I look forward to the discussion that will take place during this presentation.

The Song Surrounds and Shapes Me: Atlantic Folk Music as a Therapeutic Resource

PAUL LAUZON, MMT, MTA

Atlantic Canada contains some of the oldest settlements in Canada, encompassing several cultures including, but not limited to, Miqmaq, Malecite, Acadien, English, Irish, Scottish (Gaelic), African Canadian, and German. Folk music expresses the unique character of a people and its language, both past and present. When we view this tradition as evolving, we “pay attention to the changing technologies of expression and social relationships through which the tradition was produced and distributed” (Frank,1986). We also experience real people living real lives throughout the life cycle.

This demonstration-workshop will focus on the Folk Music of Atlantic Canada as a therapeutic resource. The presenter will begin with a meta-analysis of themes found in the many song forms (lullaby, work song, love song, play song, lament, historical ballad, etc.) of the region’s cultures. He will then examine how these themes can be interpreted as a therapeutic resource by focusing on at least three songs. Participants will learn about the people in each song, and how it was created and transmitted. Following a lyric analysis of the song, they will be invited to sing and play each song on traditional instruments. The workshop will conclude with a discussion of the insights gained concerning how these songs can be applied in music therapy contexts.

It is hoped that the approach modeled in this demonstration-workshop will encourage participants to examine the music of their own heritage and region, and consider how to access that music as a music therapy resource in clinical contexts.

References

- Creighton, H. (1932). *Songs and Ballads from Nova Scotia*. Toronto, ON: J.M. Dent and Sons.
Fowke, E. & Mills, A (1960). *A Canada’s Story in Song*. Toronto, ON: Gage.
Frank, D. (1986). The Industrial Folksong in Cape Breton. *Canadian Folklore Canadien*, 8, 21-42.
Mackay, I. (1994). *The Quest of the Folk*. Montreal, QC: McGill-Queen’s University Press.

Therapeutic Applications of the Violin in Music Therapy

NAOKO MATSUMARA-MCKEE, MMT, MTA

This presentation will explore the therapeutic applications of the violin for music therapy. What are ways that the violin can be used in a therapeutic setting? What are the unique qualities of the violin? Are there advantages and disadvantages in using the violin in therapy? What would some of the improvisational techniques look and sound like when played on the violin? Although, the main focus will be on the violin, my hope is that through this presentation the participants will be encouraged to use their main instrument in sessions and adapt the method accordingly. This presentation is based on Naoko Matsumura McKee’s major research paper for her Master in Music Therapy.

Creating Cohesion from Chaos: Effective Group Facilitation

MELANIE MCDONALD, MTA

Group music therapy work can be invigorating and challenging. While juggling individual abilities and preferences, music therapists work to maintain flow and create cohesion. The presenter will discuss and demonstrate ways to become more skilled at group facilitation so that each individual leaves the group session feeling validated, encouraged, and renewed.

This presentation aims to provide ways for music therapists to be the best group facilitators they can be. Achieving cohesion is an important part of group work. The presenter will define the term cohesion (as stated in Wikipedia), propose ways to achieve group cohesion, and finally encourage participants to share their own challenges of working with smaller or larger groups.

Definitions of cohesion:

- *Cohesion (military)*: the bonding together of members of an organization/unit in such a way as to sustain their will and commitment to each other, their unit, and the mission (Cohesion the Human Element in Combat, William Henderson, 1985).
- *Cohesion (social policy)*: the bonds or "glue" between members of a community or society.

Tools for effective group facilitation:

- *Preparation* - do your research, come with a plan, be flexible to abandon your plan, know yours and your clients expectations
- *Set Up* - defining how to set up a group for success - what this looks like in terms of group selection, environment, staff education, group duration
- *Music Speaks* - abandon self, be in the moment, limited verbal interaction, use quality instruments and music
- *Innovative* - New ideas, novel instruments, listen to group members!
- *Flow* - examples on how to do this (i.e. instrument distribution, continual sound). This will also include a subsection discussing how to work within really large groups.

References

Pavlicevic, M. (2003). *Groups in Music. Strategies from Music Therapy*. New York: Jessica Kingsley Publishers

I Love My Job! How to Stay Focused, Enthusiastic and Fulfilled in our Profession

NICOLA ODDY, BMus, MTA, MMT

In our code of ethics, prevention of burnout is addressed as an important factor in providing the best care for our clients. We will explore the concept of increasing our professionalism among other solutions to preventing burnout. This presentation was developed with Rachel Ringland, BMT, MTA, for the Music Therapy Association of Ontario 2009 Conference.

Principle II in the CAMT code of Ethics, 'Responsible Practice' covers *General Caring, Competence, Confidentiality, Record Keeping, Fair Access, Ethical Research* and *Ethical Business Practices*. It also discusses *Self Knowledge and Care*, more specifically principle II.11, the avoidance of burnout, an area that I will focus on in this presentation. Principle II.11 states that we should "engage in self-care activities which help to avoid and alleviate conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others."

Prevention of burnout comes in many forms. We often discuss self care, our own counselling, or looking after our bodies and minds. The solution that I will narrow it down to, is 'increased professionalism'. I was in private practice for 23 years, and each time I recognized that I was burned out, my solution for becoming rejuvenated was to revisit my professionalism. During this presentation I will share what has worked for me, including:

- Doing more continuing education activities
- Revisiting my charting system and revising it
- Meeting with my manager
- Sharing my session work with facility employees
- Sharing my practice with an intern
- Working for my association
- Thinking of myself as my own employer
- Taking my own practice seriously
- Reading
- Writing
- Presenting
- Studying
- Attending conferences and workshops
- Sharing in my clients' joy
- Brainstorming with a colleague
- Sharing

Following the presentation, there will be plenty of time for discussion, input, and sharing on this topic.

A Field of Vocal Discovery – Your Voice, Your Song

NICOLA ODDY, BMus, MTA, MA

This presentation focuses on the results of a master's research study that examined the use of the voice in therapy. A brief explanation of the premises of the study will be followed by a discussion of the research outcome. Experiential elements will conclude the presentation

The purpose of this research was to explore how the singer perceived his or her own voice. How did the voice act as a channel for emotional and spiritual issues? How did the perception of the voice help or prevent the singer from being in the world? What kinds of fears prevented some people from singing? Did the perception of the voice change once the singer had the opportunity to sing in a non-judgmental, safe environment?

Six individuals participated in the study. They all attended a workshop entitled 'A Field of Vocal Discovery.' Five types of singers were identified; however in the context of this study, the singer's perception of the voice was studied from the perspective of those who would not sing within earshot of anyone else, and possibly not when alone.

The literature review focused on areas of academic writings about the voice, the use of voice in therapy, the intangible nature of singing and sounding, and theoretical foundations, which included music therapy theory, field theory and theoretical thought in gestalt therapy.

The method of research was conducted through the tradition of phenomenology in conjunction with a heuristic approach, and explored from the perspective of the practitioner researcher. Issues of judgment from the self and others emerged as influential in the singer's experience of his or her own voice.

Family Centred Music Therapy: A Collective Approach in Support of the Individual

KARIE RIPPIN BILGER, BMT, MTA, MSW Candidate; **DAISY ARSENAULT**, BMT

This presentation proposes a new approach to music therapy practice known as 'Family Centred Music Therapy'. This creative approach explores key family relationships through the use of music. Examining subjects ranging from infant- parent bonds to geriatric and palliative care, the presenters will discuss how music therapists can facilitate and support family relationships through the clinical use of music. The presenters will review theory, case studies and personal experiences to illustrate their approach.

Canada has become a mosaic of cultural diversity leaving old and new Canadians exploring their national and individual identities. As we scale down our national community to individual families, we will find unique narratives unfolding at multiple levels. How does a therapist, a uniquely formed individual in his/her own right, reach out and support the authentic history of each individual client?

The focus of this conference is how “Music has the ability to transcend the diversity that we celebrate in our vast country...” Music also “bridges generations” and brings families together through the lifespan. Music is a cultural phenomenon that can foster understanding and be a common thread between people. From the beautifully attaching bonds in infancy and children to the more complex seasoned relationships in older adults and end of life – music connects us! Object relations theory informs us of humans’ innate need for interpersonal relationships. John Bowlby and his contemporaries have shown us the importance of attachment bonds for people of all ages. How can these theories relate to music therapy?

Working with children and their families, Daisy Arsenault will share how music therapists can facilitate the further development of the parent-child relationship, and how a concern with one child affects the entire family dynamic, and how music can be a gift in the healing process and enrich our everyday lives. Working with older adults together with their loved ones, Karie Bilger will share how the music therapist can use music to support families with the changes and losses that are significant and deeply profound at this later stage of life as well as in end-of-life care.

Dancing Together : Case Study in Music & Imagery

CHRISTINE ROUTHIER, MA, MT-BC, LMHC

This presentation will focus on the role of personal music and imagery work in parallel with the practicum training within the program at the Institute for Consciousness in Music and Imagery at Anna Maria College. An overview of the program will be given. The presenter will focus on the initial stages of the level III GIM training at the institute and will discuss the assignments that were given following the first of three week-long intensives offered in August 2009. The first assignment was to work with a client who would commit to six reconstructive music and imagery sessions. The second assignment was to commit to making the time to integrate music and imagery into our personal lives by reflecting on our current mood or state, finding music to match this, and playing this music as we drew and/or wrote. We were asked to do this at least three times a week for ten weeks.

The presenter will review her six-session case study and will bring in segments of her personal work to highlight the parallel process that was unfolding. The literature on parallel process will be reviewed and the function of parallel process within the therapeutic relationship will be discussed, from both a psychological and a neurological perspective. The primary role of the music within this process will also be reviewed and the importance of knowing our relationship with the music we bring to our clients will be emphasized.

The Developmental Stages of Addiction: Implications for Music Therapy

MICHAEL J. SILVERMAN, PhD, MT-BC

This presentation will summarize the developmental stages of addiction and the unique needs of consumers who are chemically dependent. The presenter will discuss how to use music therapy to motivate clients to change. Case examples will be presented along with results of music therapy research studies.

Many music therapists work with clients who are chemically dependent. These consumers present a unique set of symptoms and clinical needs and, because they are often in a crisis-type situation, may be more susceptible to embracing change and therapeutic intervention (Aguleria, 1998).

To adequately treat consumers who are chemically dependent, it is imperative that therapists understand the developmental stages of addiction in order to treat the whole person and prevent relapse. This presentation will detail the stages of addiction so music therapists better understand the complexities of addiction and how to structure interventions that target consumer deficit areas.

The stages of change represent an important taxonomy for people who are in detoxification. These stages can be used to gauge readiness and, thus, decide upon an appropriate music therapy intervention for evidence-based treatment.

Motivational interviewing (also known as motivation enhancement therapy) is a psychotherapeutic technique designed to treat patients in substance abuse rehabilitation. It draws upon behavioral analysis and identifies advantages and disadvantages of present behavior and goals. However, due to its effectiveness and popularity, it is used with a wide variety of clinical populations.

Results of randomized and controlled clinical trials involving patients who are in detoxification will be presented and discussed.

The presenter will then facilitate an open dialogue about the results of the research studies and implications for clinical practice in today's evidence-based healthcare system.

Palliative Care Sharing and Support Circle

DEBORAH SALMON, MA, MTA, CMT

Palliative care music therapy can be compelling *and* challenging. This Sharing and Support Circle will be animated by a music therapist with 25 years of experience supervising and working in palliative care. Participants are invited to bring their joys and struggles, problems and solutions to share in an informal, supportive setting.

What do I say to the dying patient before me? Am I disturbing her with music? What if I don't know the songs he chooses? How do I know when the session should end? Some days nobody seems to want music. What do I do with my own feelings? What if I cry in front of a patient? Sometimes I feel so helpless... It's hard to talk about work to friends outside of palliative care. My everyday problems seem so petty compared to those of the patients. When I get a headache, I can't help but wonder if I've developed a brain tumour. What if I, or someone I love, gets sick and dies?

The above concerns (and others) are not uncommon to palliative care practitioners. While palliative care work can be uplifting, rich and compelling, it may also evoke strong feelings and existential questions. The work puts us in touch (consciously or unconsciously) with our own mortality and ultimate helplessness in the face of death. It may also elicit feelings of awe at life's great mysteries and a sense of privilege at sharing such intimate moments with patients and families.

This Sharing and Support Circle is open to all those working in hospice or palliative care; students and seasoned practitioners alike. It will be led by a music therapist with 25 years of experience supervising and working in palliative care. Participants are invited to bring their joys and struggles, problems and solutions to share in an informal, supportive setting.

***Lyric Analysis Interventions in Psychiatric Music Therapy:
Facilitating Action-Oriented Discussion***

MICHAEL J. SILVERMAN, PhD, MT-BC

Lyric analysis interventions are common in psychiatric music therapy (Silverman, 2007, 2009). However, many music therapists do not know how to select appropriate and applicable songs for use in lyric analysis interventions. Additionally, many feel they cannot use live music, enough music, or are constrained by the composer's lyrics.

During this session, the presenter will teach participants how to :

- Select appropriate and effective songs for inclusive lyric analysis interventions.
- Assign effective "homework" exercises after the music therapy session has terminated.
- Prepare session plans for lyric analysis interventions.
- Use lyric analysis interventions to assess psychiatric patients.
- Ask questions during lyric analysis interventions (presenter will provide examples from research scripts).
- Simulate a lyric analysis intervention through role-play.
- Use live music and recorded music during lyric analysis interventions.
- Incorporate the use of additional live music during lyric analysis interventions.
- Facilitate a therapeutic and action-oriented dialogue using counseling skills.
- Use the composer's lyrics as a springboard to ask related and therapeutically relevant questions.
- Use songwriting as an adjunct intervention.
- Document the effectiveness of lyric analysis interventions for other members of the interdisciplinary treatment team.
- Educate facility staff about lyric analysis interventions and song selections.

Music Therapy in Expressing and Managing Loss

CYNTHIA VANDER KOOIJ, BMT, MTA, CPRP; **SARA KLINCK**, BMT, MTA

Music's emotive qualities can be helpful in the expression of loss and grief, making it an effective tool in bereavement support and in mental health settings. This session will focus on sharing clinical examples and resources from music therapy group sessions aimed at managing loss.

This session will include descriptions on how and why music therapy can be used to acknowledge, support and affect expressions of loss (Ryan, 1995; McFerran-Skewes & Grocke, 2000; Dalton & Krout, 2006; Sekeles, 2007; Rogers, 2007). The connection between a theoretical understanding of music therapy and spirituality will be illustrated through the clinical examples of music and grief work in both bereavement support and mental health settings. An eight-week Music therapy Bereavement Support Group model will be described. Case examples, participants' perspectives and music therapy resources/experiences from the groups will also be shared as we explore the role of music and spirituality in managing loss.

Memories to Music: An Intergenerational Program

RUTH WATKISS, BMT; **JODI PEREIRA**

This presentation will be a showcase of a unique program created by the Alzheimer Society Peel: ***Memories to Music***.

The goal of the program is to bridge the divide between generations and to educate younger generations about the various forms of dementia. By bridging this divide we are hoping to improve awareness about dementia and inspire students to work with individuals affected by dementia. The seniors are given the opportunity to build a relationship, share and teach the students through their wisdom and experience. Furthermore, they will enjoy a journey that uses music as a means of emotional expression for individual feelings and memories.

In this presentation, we will provide a framework to help those working with people with dementia to start a similar program in their communities. We will describe the 2009 pilot project, involving a local high school, Mentor College, and members from the support group, that was carried out by the Alzheimer Society Peel for those in the early stages of various types of dementia. Conference participants will receive the necessary resources needed to establish the program ***Memories to Music***. These include tools to:

- Educate students about dementia and how to conduct interviews with seniors
- Improve communication and music composition skills;
- Expand musical repertoire (1920s-1970s) and knowledge of development through the lifespan in order to elicit memories from the seniors;
- Provide music activities as ice breakers and partnership building; and,
- Arrange a successful presentation of the compositions (CD design, performance style, etc.).

Creating in Chaos: Harm Reduction Music Therapy for Pregnancy, Addictions, and HIV AIDS

CAROL WIEDMANN, BMT; CAROLYN NEAPOLE, MTA

This presentation will focus on the experiences of two music therapists working with marginalized populations and the harm reduction model of care. The following points will be covered:

- Explanation of the harm reduction model
- Description of the sites and populations with whom the presenters work
 - Comorbidities and socio-economic realities
 - Working in and with residents of Vancouver's Downtown Eastside, the poorest neighbourhood in Canada
- How does a therapist work under this model?
 - The acknowledgment of trauma and its far reaching effects
 - How do you create and evaluate programs under this model?
 - Clinical practice - What is the work really like?
 - What are the underlying depths of the work?
- Challenges and rewards
 - What are the effects of the work on the clients and on the therapist?
 - Are we making a difference?
 - The importance and role of peer support
- Everything is relative: The role of community in music therapy
 - Letting the clients speak for themselves (presentation of recordings, photos, quotes from clients)
- Time for Q and A

References

- Crowe, B.J. (2004). *Music and soulmaking: Toward a new theory of music therapy*. Lanham, MD: Scarecrow Press.
- Kenny, C.B. (2006). *Music and life in the field of play: An anthology*. Gilsum, NH: Barcelona Publishers.
- Mate, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction*. Toronto, ON: Random House of Canada Limited.
- Sutton, J.P. (Ed.) (2002). *Music, music therapy and trauma: International perspectives*. Philadelphia, PA: Jessica Kingsley Publishers.
- Ansdell, G. & Pavlicevic, M. (Eds.) (2004). *Community Music Therapy*. Philadelphia, PA: Jessica Kingsley Publishers
- Dr. Peter AIDS Foundation (2008). *Harm reduction integration: Beyond the interdisciplinary team*. Vancouver, B.C. Dr. Peter AIDS Foundation.

**Sound Advice:
Perspectives on Creating Healthier Sound Environments for our Clients**

LAUREL YOUNG, MTA, FAMI, Ph.D; **TRISH CAMPBELL**, BMT, MTA

Many music therapists are familiar with the challenge of trying to facilitate sessions in treatment settings where environmental noise and other interruptions happen. Additionally, the adverse health effects of excessive exposure to loud music and/or other environmental sounds that occur in various public and private contexts have been receiving increased attention in scientific research and in the media.

This presentation will provide an overview on the potential health benefits and hazards related to music and/or sound. Anecdotal and experiential components will be used to support findings from the literature. Specific attention will be paid to sound environments in long term care settings. Implications for music therapy and inter-professional practice will be discussed. This presentation will include experiential, anecdotal and didactic components.

References

- Bruscia, K.E. (1998). *Defining music therapy*. Gilsum, NH: Barcelona.
- Cabrera, I.N., & Lee, M.H. (2000). Reducing noise pollution in the hospital setting by establishing a department of sound: A survey on the effects of noise and music in healthcare. *Preventative Medicine, 30* (4), 339-345.
- Chepesiuk, R. (2005). Decibel hell. *Environmental Health Perspectives, 113* (1), A34-A41.
- D'Amour, D., & Oandasan, I. (2005). Interprofessionalism as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care, Supplement 1*, 8-20
- Grocke, D., & Wigram, T. (2007). *Receptive methods in music therapy: Techniques and clinical applications for music therapy clinicians, educators and students*. London: Jessica Kingsley.
- Pavlicevic, M. & Ansdell, G. (Eds.) (2004). *Community music therapy*. London: Jessica Kingsley.
- Schmidt, C.W. (2005). Noise that annoys: Regulating unwanted sound. *Environmental Health Perspectives, 113* (1), A42-A44.
- Uttner, I., Mottaghy, F.M., Schreiber, H., Riecker, A., Ludolph, A.C., et al., (2006). Primary progressive aphasia accompanied by environmental sound agnosia: A neuropsychological, MRI and PET study. *Psychiatry Research: Neuroimaging, 146*, 191-197.
- World Health Organization (WHO) (1999). Guidelines for Community Noise. Retrieved from <http://www.who.int/docstore/peh/noise/guidelines2.html>

PART 2 / PARTIE 2

PANEL DISCUSSIONS / TABLES RONDES

***Building upon our Heritage:
The Ongoing Development of the Music Therapy Profession in Canada***

CYNTHIA BRUCE, MMT, MTA; **ERIN BORZCZON**, MTA
JENNIFER BUCHANAN, BMT, MTA; **NOREEN DONNELL**, MMT, MTA;
DEBORAH SALMON, MA, MTA, CMT; **LAUREL YOUNG**, MTA, FAMI, Ph.D

As Canadian healthcare systems continue to change and evolve, music therapists are often put in the position of having to define or redefine their roles in various contexts. This round table discussion will highlight perspectives on some key professional issues that must be considered as our profession continues to move forward.

An Ethical Dilemma: Professional Interaction Panel Discussion

BERNADETTE KUTARNA, MA, FAMI, MTA; **CHANTAL LEBLANC**; **DAVID BURKE**

Music therapists face a variety of ethical dilemmas on a day-to-day basis. One of the most contentious ethical dilemmas is how we interact with our peers - other music therapists and other professionals. This year's ethics workshop will focus on the dilemmas we face with other professionals. Bring your dilemmas to discuss in light of our Code of Ethics. Other professional Codes of Ethics will also be used for discussion purposes. No identifying information will be permitted in order to protect the integrity and confidentiality of individuals and facilities.

Recent inquiries to the Ethics Committee included a number of questions about how professionals interact with each other. How do we view our colleagues and their work? How do we interact when there are differences of opinion? How do we expect to be treated by colleagues? What avenues are there for resolution of differences? The presentation and discussion will include references to the CAMT Code of Ethics and references to music therapy ethics that other music therapists have written about.

Government Regulation Panel

SUSAN SUMMERS, MMT, MTA, Coordinator;
HEIDI AHONEN, PhD ,MTA
TONYA CASTLE-PURVIS, MTA, MPH, PhD Student;
KARIE RIPPIN BIGLER, BMT, MTA, MSW Candidate
PIERRETTE LA ROCHE, BA, MTA
MARIAN MCDONALD, M.Ed, CCC, RCT, Guest speaker

Government regulation discussion has been an integral part of CAMT conferences since 2007. Panel members will offer an overview of the regulation process in Canada and give provincial updates. This year, our guest speaker is Marian McDonald, Board Chair of the Nova Scotia Counselling Therapists Association, who championed this successful campaign in Nova Scotia in 2008.

Each presenter on this panel has extensive expertise and experience with government regulation in Canada. Susan has represented MTABC on the BC Task Group for Counsellor Regulation since 1999 and is the Chairperson of the CAMT Government Regulation committee. Pierrette will talk about regulation in Quebec. Heidi, Tonya and Karie have been integrally involved in the Ontario Coalition for many years. Heidi has been recently appointed to the Ontario Transitional Council for the College of Psychotherapists and Mental Health Practitioners. Marian will discuss the campaign that the NSACT undertook to successfully lobby the provincial government to pass the Counselling Therapists Act of 2008. There will be time for some questions and discussion from the audience.

PART 3 / PARTIE 3

KEYNOTE SPEAKERS / CONFERENCES PRINCIPALES

The Peace Train's Community Development Model of Music Therapy in Africa

SHARON KATZ

Sharon Katz converted gang members into band members and united previous enemies with her community development model of music therapy that helped break through the barriers of apartheid to achieve Mandela's vision of a Rainbow Nation and set an example for the continent.

South African music therapist and humanitarian, Sharon Katz, founded the "Peace Train" project in 1992 to help the people of her country to heal from the wounds of the horrific apartheid regime. Katz worked as Nelson Mandela's cultural ambassador to unite South Africans of all races and in 1993 mounted the country's first 500-voice multicultural choir. She subsequently toured the whole country by train with 150 members of the choir. The project, known as the "Peace Train" gained international recognition in 1995 when Sharon toured America for five weeks with 45 of the original singers and dancers. With a Grammy nomination in 2002 and several recordings to her credit, Sharon formed a non-profit organization in 2004 called "Friends of the Peace Train" to raise funds for projects in South Africa. In 2008 Sharon was approached by the traditional leader of a rural area in KwaZulu Natal near Durban to build a school so that children would no longer have to walk three hours daily to school. Sharon performs across the USA with her band to raise funds for the project in KwaNgqolosi and takes volunteers and tourists to visit her project and historical sights and attractions in South Africa. For more information visit www.sharonkatz.com and www.Friendsofthepeacetrain.com.



Sharon Katz, musicothérapeute sud africaine oeuvrant dans les causes humanitaires, a fondé le projet « Peace Train » en 1992 afin de faciliter la guérison du peuple sud-africain suite aux blessures infligées par le régime d'apartheid. Katz a travaillé en tant qu'ambassadrice culturelle de Nelson Mandela avec l'objectif d'unir les sud-africains de toute origines ethnique. En 1993 elle a formé un chœur multiethnique de 500 voix. Par la suite, elle a fait une tournée nationale en train avec 150 membres du chœur. Le projet «Peace Train » atteint une reconnaissance internationale en 1995 lorsque, lors d'une tournée américaine de cinq semaines. Avec une nomination pour un prix Grammy en 2002 et ayant achevé plusieurs enregistrements, en 2004 Sharon a fondée un organisme à but non lucratif « Friends of the Peace Train » (Les amis du 'Peace Train') afin de recueillir les fonds pour les projets sud-africains. En 2008 Sharon est approchée par un chef de tribue de la région rurale de KwaZulu Natal qui demande à Sharon d'ériger une école afin que les enfants n'aient plus à marcher trois heures par jour pour se rendre à l'école. Sharon et son groupe se produisent à travers les États-Unis pour ramasser les fonds destinés au projet à KwaNgqolosi et en plus elle fait visiter son projet, des lieux historiques et des attractions touristiques en Afrique du Sud. Pour de plus amples renseignements, veuillez consulter les sites internet www.sharonkatz.com et www.friendsofthepeacetrain.com.

***Creating Wellness, Cultural Consciousness, Connection and the
Power of Music to Transform***

LOUISE DIMICELI-MITRAN, LPC, M.A., MT-BC, FAMI

Honoring and connecting to the diverse internal and external cultures of our clients means working with energized spirits, intuition, and trusting in the power of music. The wisdom of creating an environment of wellness, working with cultural consciousness, diversifying techniques and forging connections will be discussed. Case studies and an experiential will be included.

A music therapist for 15 years, Louise Dimiceli-Mitran provides a focus on wellness in all areas of her work. She is a Licensed Professional Counselor, Fellow of the Association for Music and Imagery, drum circle facilitator, singer/songwriter and in training to become a Primary Trainer of The Bonny Method of Guided Imagery & Music. She maintains a private practice in Guided Imagery & Music in Chicago, which includes work with those challenged by cancer, physical disease, depression, stress and adjustment challenges. Louise also specializes in oncology music therapy at Advocate Lutheran General Hospital where she has created the Focus on Wellness groups for cancer survivors at the Centre for Advanced Care.

Louise has brought the first advanced Bonny Method trainings to the Chicago area and incorporates Guided Imagery & Music, mandalas, and counseling into her music psychotherapy work and frequent workshop presentations. She is Past President of the Association for Music and Imagery. With her husband Andy Mitran, she co-owns Mitran Mitran Music in Chicago, a music production company.



Tout en respectant et en établissant un lien avec les cultures diversifiées internes et externes de nos clients, nous devons travailler avec l'esprit débordant d'énergie, l'intuition en faisant confiance au pouvoir de la musique. Nous aborderons les thèmes de la sagesse de la création d'un environnement de bien-être, œuvrant avec la conscience culturelle, les techniques de diversification et l'établissement de connexions seront discutés. Les études de cas et les témoignages seront inclus.

Musicothérapeute depuis 15 ans, Louise Dimiceli-Mitran vise le bien-être personnel de ses clients dans tous les aspects de son travail. Elle est conseillère professionnelle agréée, membre de l'Association de musique et imagerie, facilitatrice de cercles rythmiques, compositrice-interprète. En plus, elle poursuit des études pour devenir formatrice principale de la méthode « Bonny » en imagerie guidée et musique. Madame Dimiceli-Mitran tient un bureau privé à Chicago en imagerie guidée et musique, où elle œuvre auprès de clients atteints de cancer, de maladies physiques, de dépression, de stress et de difficultés d'intégration. Louise se spécialise aussi en musicothérapie oncologique à l'hôpital « Advocate Lutheran General » où elle a mis sur pieds les groupes de soutien du bien-être (Focus on Wellness) pour les survivants de cancer au « Centre for Advanced Care ».

Louise est la première à offrir les formations avancées de la méthode « Bonny » dans la région de Chicago. Elle y incorpore les notions d'imagerie guidée et musique, des mandalas et du counselling dans son travail de psychothérapie et musique et dans ses fréquents ateliers. Elle est l'ancienne présidente de l'Association de musique et imagerie. Elle est co-proprétaire, avec son mari Andy Mitran, de la maison de production musicale, « Mitran-Mitran Music » à Chicago.

The 4-Wheel City Movement 4 Improvement

NAMEL NORRIS AND RICARDO VELASQUEZ aka “4 WHEEL CITY”

“4 Wheel City” is an entertainment organization started by Namel “Tapwaterz” Norris (rapper) and Ricardo “Rickfire” Velasquez (producer), two talented hip-hop artists who are now in wheelchairs as a result of spinal cord injuries caused by gun violence. Their mission is to use hip-hop music and culture to inspire disabled people and encourage them not to give up on life. In addition, they show the world that people with disabilities have talents, dreams, and deserve to be treated with respect and as citizens who should have equal access to all facilities available to the able-bodied. As a call to action, Tapwaterz and Rickfire initiated “4 Wheel City” in the summer of 2005 after they got tired of going to places in New York and found that they could not enter because there were steps and no ramps or elevators. Fed up with the system and constantly being discriminated against, the “4 Wheel City Movement 4 Improvement” was started to fight against these injustices. “4 Wheel City” created a space for people to find information, fight for rights, showcase talents and network. More importantly, it provided a place for those not in wheelchairs to see, listen to, and appreciate that people in wheelchairs are not so different in their goals and abilities. They are still businessmen and women, students, moms, dads, actors, hustlers, musicians, and want to be recognized as important contributors to society. Thus, Tapwaterz and Rickfire choose to use hip-hop as a tool to get out the 4 Wheel City message. However, the music is not all about the wheels. Still being conscious hustlers from the street and still lovin' to have a good time, the music definitely reflects it.

The duo will combine a motivational lecture with an inspirational Hip Hop performance.



Le « 4 Wheel City » est une organisation de divertissement débutée par Namal « Tapwaterz » Norris (rappeur américain) et Ricardo « Rickfire » Velasquez (réalisateur), deux artistes « hip-hop » doués qui sont maintenant en fauteuils roulants suite aux dommages à la moelle épinière causés par les armes à feu. Leur mission c'est d'utiliser la culture et la musique hip-hop pour inspirer les personnes handicapées et les encourager à ne pas abandonner leurs espoirs. De plus, ils démontrent que les personnes ayant des handicaps ont leurs propres talents et rêves, et méritent le respect et l'accessibilité à tout endroit, peu importe leurs capacités physiques.

À l'été 2005, Tapwaterz et Rickfire ont initié le programme “4 Wheel City” comme réaction au manque d'accessibilité à New York. Fatigués de se battre contre le système, et la discrimination le « 4 Wheel City Movement 4 Improvement » (Solidaires pour l'amélioration à l'accessibilité) a débuté afin de lutter contre ces injustices. « 4 Wheel City » a offert un endroit où les gens pouvaient s'informer, lutter pour leurs droits, démontrer leurs talents et créer un réseau d'entraide. De plus, ce lieu de rencontre offrait la possibilité d'échanges entre les gens à mobilité réduite et les gens à mobilité complète. Ces échanges ont permis une nouvelle appréciation pour les personnes en fauteuil roulant en faisant voir que leurs objectifs et leurs capacités ne diffèrent guère de ceux des autres; ce sont des hommes et des femmes d'affaires, des étudiants, des mères et des pères de famille, des comédiens, des musiciens, tous ayant un seul but – celui de se faire reconnaître en tant que personnes qui contribuent à la société. Alors Tapwaterz et Rickfire ont choisi d'utiliser la musique hip-hop comme outil pour diffuser le message de leur mission première.

Le duo offrira une présentation motivatrice avec un spectacle hip-hop qui saura inspirer !

PART 4 / PARTIE 4

PRE-CONFERENCE WORKSHOPS / ATELIERS PRÉ-CONGRÈS

The Totally Organized Service Provider

JENNIFER BUCHANAN, BMT, MTA

7 Success Systems to Thrive as a Service Provider

This full day “how to” workshop is designed for service providers who are skilled and motivated by their profession and are seeking new techniques on how to increase their profile, profession and portfolio.

1. Demonstrate passion and commitment to your profession
2. Organize your time
3. Use 7 Key Sales and Marketing Tools
4. Maintain critical relationships
5. Make technology your new best friend
6. Make everything a procedure
7. Keep your health for life

After 10 years of running a music therapy company, raising two children, and being the CAMT President, Jennifer sat for three weeks with a broken leg and realized it was time to get organized. Eight years later she has mastered the art of system development and business planning. This session will work on the behind the scenes of your work, make it fun and inspire you to be even better service providers.

You will leave this workshop:

- a) With helpful resources
- b) Insight into your current procedures and new ideas for procedural improvement
- c) With the beginnings of a business, sales and marketing plan (or revisions)
- d) Feeling inspired and hopeful for the future



Le système à 7 points pour réussir en tant que fournisseur de services

Cette présentation d’une journée complète est un atelier pratique conçu pour les fournisseurs de services expérimentés qui sont motivés par leur profession. Ces personnes sont à la recherche de nouvelles techniques pour augmenter leur visibilité. Elles veulent faire avancer leur profession et leur portfolio. Voici les 7 points pour réussir en tant que fournisseur de services :

1. Montrez de la passion et de l'engagement à votre profession
2. Organisez votre emploi du temps
3. Utilisez les ventes à 7 éléments et les outils de marketing correspondants
4. Entretenez des relations significatives
5. Devenez le nouvel ami de la technologie
6. Faites de chaque chose un processus
7. Gardez votre santé pour la vie

Après 10 années d'expérience comme gestionnaire d'une entreprise dispensant des services de musicothérapie, après avoir élevé deux enfants et après avoir été présidente de l'AMC, Jennifer a dû rester assise pendant trois semaines avec une jambe cassée. C'est alors qu'elle réalise qu'il est temps de s'organiser. Huit ans plus tard, elle maîtrise l'art de développement de système et de la planification d'affaires. Cet atelier travaille dans les coulisses de votre profession. Ayez du plaisir et inspirez-vous-en afin de devenir de meilleurs fournisseurs de services.

Vous quitterez cet atelier avec :

- a) des ressources pratiques
- b) une meilleure compréhension des techniques que vous utilisez actuellement et des idées d'amélioration
- c) un plan pour démarrer votre entreprise, augmenter les ventes ou encore une révision de votre plan actuel
- d) de l'inspiration et de l'espoir en l'avenir.

Internship Supervision Training, Level One

AMY CLEMENTS-CORTES, Ph.D, MusM, MTA

This workshop has been designed for music therapists who wish to provide clinical supervision in internships, or to continue to provide internship supervision. Internship Supervisor Training, Level One is the mandatory basic level of training that all supervisors in Canada must attain before supervising interns. This is effective as of May 2010.

Ten continuing education credits will be granted for participation in this training.

The clinical internship is a crucial component in the education of pre-professional music therapists. A supervisor has many roles including that of educator, leader, mentor, supporter, and administrator. Clinical supervision is an enabling process that allows pre-professionals to achieve and develop into skilled music therapists, and essentially to help them transition from the education setting to the work environment. This workshop will include lecture, interactive, reflective, and role-playing components. Participants will also receive tools such as supervisor feedback forms, a skills workbook, the CAMT internship evaluation form, etc. The workshop will be offered in English. Topics to be covered:

- Defining supervision/supervisory relationship
- Supervisor skills
- Approaches to supervision
- Competency-based model for CAMT
- Competencies
- Evaluation - formative and summative
- Ethical issues in supervision
- Multicultural issues
- Supervisor development
- Mentoring new professionals
- Setting up a new internship site



Cet atelier a été conçu pour les musicothérapeutes qui désirent superviser les internes en pratique clinique ou pour ceux qui désirent continuer la supervision. La formation de superviseurs, niveau I, est le niveau de formation obligatoire préalable à toute supervision d'internes. Cette mesure prendra effet dès le mois de mai 2010.

Dix unités de formation continue seront reconnues suite à la participation à cette formation.

L'internat en pratique clinique constitue une étape primordiale à la formation de base des musicothérapeutes préprofessionnels. Le superviseur doit remplir plusieurs fonctions, dont celui d'éducateur, de chef, de mentor, de soutien et d'administrateur. La supervision en pratique clinique est un processus qui permettra aux étudiants en musicothérapie d'atteindre et de développer les habiletés nécessaires pour devenir des musicothérapeutes outillés. Ils pourront ainsi faire la transition entre la vie étudiante et la vie professionnelle. Cet atelier se composera d'un cours magistral et d'éléments interactifs qui stimuleront la réflexion. Il comportera aussi des jeux de rôles. Chaque participant recevra des outils pratiques, tels des formulaires de rétroaction pour les superviseurs, un cahier d'habiletés, un formulaire d'évaluation pour les internes de l'AMC, etc. L'atelier sera présenté en anglais. Sujets abordés:

- définition de la relation superviseur-interne
- habiletés des superviseurs
- approches à la supervision
- modèle basé sur les compétences de l'AMC
- compétences
- évaluation formative et sommative
- questions éthique reliées à la supervision
- sujets d'ordre multiculturel
- évolution du superviseur
- mentorat des nouveaux professionnels
- établissement de nouveaux lieux d'internat

References

- Feiner, S. (2001). A journey through internship supervision: Roles, dynamics, and phases of the supervisory relationship. In M. Forinash (Ed.), *Music therapy supervision* (pp. 99-115). Gilsum, NH: Barcelona Publishers..
- Forinash, M. (2001). *Music therapy supervision*. Gilsum, NH: Barcelona Publishers.
- Knight, A. J. (2008). Music therapy internship supervisors and preinternship students: comparative analysis of questionnaires. *Journal of Music Therapy*, 45(1), 75-92.
- Tanguay, C. L. (2008). Supervising music therapy interns: A survey of AMTA National roster internship directors. *Journal of Music Therapy*, 45(1), 52-74.

Introduction to the Bonny Method of Guided Imagery and Music (GIM)

LOUISE DIMICELI-MITRAN, LPC, M.A., MT-BC, FAMI

Participants will receive an overview of The Bonny Method of GIM including a short GIM session experience in dyads, simple supervised guiding, and creating a mandala. The therapeutic functions of music, imagery and processing will be discussed as well as definitions, clinical uses, contraindications, case study references and resources.



Une vue d'ensemble de la méthode Bonny d'imagerie guidée et musique (GIM) sera présentée. Cette rencontre permettra aux participants d'expérimenter le GIM, les dyades et l'imagerie guidée simple ainsi que la création de leur propre mandala. Les effets thérapeutiques de la musique, de l'imagerie et du processus seront discutés en parallèle avec les définitions, l'usage clinique et les contre-indications. Des liens avec des études de cas seront établis et de la documentation sera présentée.

INDEX

Heidi Ahonen	34
Carolyn Arnason	6
Daisy Arsenault	25
Julie Bergeron	19
Rhonda Booth	6
Erin Borczcon	33
Sarah Bradley	7
Cynthia Bruce	33
Jennifer Buchanan	18, 33
Trish Campbell	31
Debbie Carroll	7
Tonya Castle-Purvis	8, 34
Amy Clements-Cortés	13, 41
Cynthia Colwell-Dunn	14
Louise Dimiceli-Mitran	37, 43
Noreen Donnell	15, 33
Lillian Eyre	16, 17
Emily Finnigan	17
Wanda Gascho-White	18
Robert Harris	15
Eve Herman	18
Fran Herman	18
Connie Isenberg	8
Christelle Jacquet	29
Ronna Kaplan	20
Sharon Katz	35
Melanie Keyes	21
Sarah Klinck	29
Joel Kroeker	6
Bernadette Kutarna	21
Pierrette La Roche	34
Paul Lauzon	7, 18, 22
Claire Lefebvre	7
Rhonda MacLean	6
Naoka Matsumura-McKee	22
Marian McDonald	34
Melanie McDonald	23
Carolyn Neapole	30
Nicola Oddy	24, 25
Kim Pace	15
Jodi Pereira	29

Karie Rippen Bilger	25, 34
Christine Routhier	26
Deborah Salmon	27, 33
Jacqueline Seo	21
Michael Silverman	26, 28
Susan Summers	34
Cynthia Vander Kooij	29
Ruth Watkiss	29
Carol Wiedemann	30
Laurel Young	31, 33