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Guidelines for the Ethical Promotion of Music Therapy

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July, 2017

Preamble:

The CAMT Code of Ethics does not specifically address how MTAs may or may not promote their services to the public. However, there are numerous sections of the Code that can be utilized to support ethical decision making with respect to this topic. Reviewing these portions of the Code might result in the observation that some items or sections conflict with others relevant to the ethical promotion of music therapy, and this is often the case in true ethical dilemmas. The development of the following guidelines is an attempt to support MTAs in navigating some of these conflicts. These guidelines were generated collaboratively by a committee of experienced MTAs who drew on current research and who consulted with a bioethicist, CAMT members, and other professional organizations. They also conducted a detailed review of CAMT's Code of Ethics.

These recommendations do not take the place of the Code of Ethics. This information is the Committee's interpretation of the Code. It is recommended that when members face a decision related to promotion of their practice, or the profession more broadly, the Code of Ethics be consulted directly. The following sections of the Code are most relevant to this topic, and should be reviewed thoroughly when making a decision about the promotion of one's music therapy practice:

- *I.2 Acknowledge clients' rights to self-determination and autonomy, and the right to participate in decisions that affect them.*
- *I.10 Ensure that informed consent is obtained from clients or their legal guardians before commencing service or research. When clients are unable to give informed consent (e.g., young children, the cognitively challenged), music therapists would continue to respect the autonomy of the individual by attempting to inform and involve them.*
- *I.11 Provide, in obtaining informed consent, as much information as a reasonable or prudent person, family, group, or community would want to know before making a decision or consenting to an activity. The music therapist would relay this information in language which the persons understand (including providing translation into another language if necessary) and would take whatever reasonable steps are necessary to ensure the information was in fact understood.*
- *I.12 Establish and use signed consent forms which specify the dimensions of informed consent, or which acknowledge that such dimensions have been explained and are understood. Music therapists would use their discretion in obtaining explicit consent, doing so for services involving the exchange of highly personal information (e.g., research) or activities that potentially could compromise client confidentiality (e.g., transfer of client information to a third party).*
- *I.13 Assure, in the process of obtaining informed consent, that at least the following points are understood: (a) purpose and nature of the activity; (b) mutual responsibilities; (c) likely benefits and risks; (d) alternatives;(e) the option to refuse or withdraw at any time, without prejudice; (f) over what period of time the consent applies; and (g) how to rescind consent if desired.*

- *I.14 Recognize that informed consent is the result of a process of reaching an agreement to work collaboratively, rather than of simply having a consent form signed.*
- *I.15 Take all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure.*
- *I.16 Respect the right of individuals to discontinue participation or service at any time and be responsive to non-verbal indications of a desire to discontinue if the individual has difficulty communicating such a desire.*
- *I.17 Not use persons of diminished capacity to give informed consent for participation in music therapy or research studies. The music therapist would carry out informed consent processes with those persons who are legally responsible or appointed to give informed consent on behalf of individuals who are not competent to consent on their own behalf.*
- *II.1 Demonstrate an active concern for the welfare of any individual, family, group, or community with whom they relate in their role as music therapists. This concern includes both those directly involved and those indirectly involved in their activities.*
- *II.2 Avoid doing harm to clients, students, research participants, colleagues, and others.*
- *II.3 Accept responsibility for the consequences of their actions, including the responsibility to correct any harm done in the course of practice and research.*
- *II.12 Take appropriate steps to avoid harming others, including ensuring that services are provided in a place that protects the security and privacy of clients.*
- *II.17 Take appropriate precautions to ensure the confidentiality rights of clients and others, acknowledging that limits of confidentiality may be established by a variety of sources, including law and institutional regulations.*
- *II.18 Never release the personal information of clients except in the following instances: (a) with the client or legal guardian's written consent; (b) when there is reason to believe that a client is in danger of harming him/herself or someone else; (c) when there is reason to believe that a child has been or is likely to be harmed; (d) in compliance with a court order, subpoena, or requirement of an act or regulation of Canada; (e) when providing information to an employee or co-worker if the information is necessary for the performance of duties of, or for the health, protection or safety of the employee or co-worker; (f) when exceptional or emergency situations require consultation with another professional.*
- *II.23 Make reasonable attempts to obtain consent to share client information in public forums (e.g., conference presentations, practicum seminars). When consent cannot be obtained, music therapists would take appropriate action to conceal all identifying information.*
- *III.6 Not exploit any relationship established as a music therapist to further personal, political, or business interests at the expense of the best interests of their clients, research participants, students, employers, or others.*
- *III.7 Be acutely aware of the potential difficulties and challenges of dual relationships (e.g., with students, employees, or clients) and other situations that might present a conflict of interest or which might reduce their ability to be objective or unbiased. Music therapists would avoid dual relationships to the best of their abilities or seek appropriate supervision when such situations are unavoidable (e.g., when working in a small community).*

Recommendations:

1) MTAs should neither seek nor utilize testimonials, photos, audio recordings, or video footage from their clients or client substitute decision makers (SDMs) for the promotion of a business or practice. Doing so would involve disclosing confidential client information (II.23), compromise the informed consent process, create a dual relationship with a client and/or their SDM, and consequently put the therapeutic relationship at risk.
   a) There is an inherent power differential between a MTA and their client/SDM. There is no way to fully mitigate the power differential and decrease the potential for coercion/undue pressure in the decision making process (I.15).
   b) Clients contributing their words, audio/video recordings, or images in order to benefit a MTA's business practice would place the MTA and their client in a dual relationship (III.7).
   c) Utilizing client material for personal or professional gain puts the therapeutic relationship at risk of exploitation (III.6).

2) There are a number of straightforward, but effective alternatives to using "real" clients and clinical material in promotion. These options easily avoid the potential ethical pitfalls of utilizing client material.
   a) Sharing facts about music therapy (e.g. Populations served, education of music therapists, potential goal areas, interventions, etc.) can effectively educate potential clients, employers, and referral sources about the benefits of the discipline. CAMT is in the midst of developing Canadian, professional-quality material for these purposes.
   b) Staged photos reenacting music therapy scenes with friends, family members, or even models can help to illustrate what music therapy can look like, and can be budget-friendly.
   c) Creating vignettes about fictional clients can give insight into the life experiences of clients and into the ways they can benefit from music therapy. These vignettes could be shared as written narratives, video enactments (with actors), or narratives with illustrations or staged photos. A powerful example of this promotion method using animation was developed by the Australian Music Therapy Association in its video series "RMTs Change Lives." www.rmtschangelives.com.au
   d) Utilizing academic-quality, preferably peer-reviewed music therapy literature and evidence to share the benefits of the discipline can also be cost-effective, ethically sound, and results-based.

3) If seeking to include real clinical material for marketing and business growth, MTAs should use promotional materials developed by third parties. Some suggestions for third parties would be CAMT, provincial/regional MT associations, Canadian Music Therapy Trust Fund, Music Heals, and Nordoff Robbins.

4) MTAs can participate in the development of promotional materials by third parties (including testimonials, client photos, audio recordings, and video footage) if they are able to mitigate the inherent risks to the informed consent process through coordination with the third party. MTAs will need to work closely with third parties to ensure that significant care is taken in client recruitment and in the design and implementation of the informed consent process. It is important to note that the MTA is responsible for ensuring that a sound process for establishing and obtaining informed consent is in place with the third party. Ethically participating in the development of promotional clinical material with clients is a complex, detail-oriented process. If there is proper attention to detail, it is possible for the most serious risks to the informed consent process and therapeutic relationship to be mitigated.
   a) Client information cannot be released to the third party without expressed consent (II.18).
      i) The therapist could provide the contact information for the third party to the client/SDM (e.g. in an information letter, recruitment poster, or social media communication about the project). The MTA should note that they will not be made aware of who has/has not volunteered for the project until implementation is taking place [Best choice]
      ii) The therapist could inform the client/SDM about the project. If the client expresses interest in participating, the MTA could attain consent to release contact information for the client to the third party. The MTA should note that they will not be made aware of who has/has not volunteered for the project until implementation is taking place. [Less ideal choice]
   b) Participation in the project must be voluntary, and without influence from the therapist (I.15). The third party should not inform the MTA of whether or not a client has initiated involvement or expressed interest in the project until the informed consent process is complete and the project is being implemented.
      i) The third party should provide detailed information about the project to clients/SDMs (1.11). This information should include: process for attaining material, purposes or potential uses for material, risks and benefits for participating in the project, the voluntary nature of participation (i.e. participation can be withdrawn at any time in the process without consequence and how to withdraw consent (I.16)), and explicit communication about the confidentiality (and associated confidentiality limits) involved in the informed consent process. For certain types of media, there are significant risks that must be communicated to clients/SDMs.
      The nature of the internet results in an inability to completely control and/or remove material once it is posted. Material on the internet can be easily accessed world-wide. Material can be used out of context, and may be manipulated. The third party must have an in-depth understanding of the risks for the types of media they intend to utilize, and they must inform participants of the limits that the use of such media can impose on the withdrawal of consent to have one's personal

materials utilized in the project. It is recommended that the MTA thoroughly review the information the third party intends to share with the clients/SDMs. Factors such as accuracy of information, accessibility, and readability level should be reviewed in detail (I.11, I.13).

ii) The third party must assess the client's understanding and appreciation of the information presented. If the client is not able to understand the material fully, an appropriate SDM may be involved in the process. This may be a Power of Attorney or Substitute Decision Maker appropriate to the jurisdiction where the process is happening. Even when involving a SDM, the client should have the opportunity to participate in the process to their full capacity (I.2, I.10, I.14, I.17).

iii) Once understanding and appreciation of the project and a mutual agreement have been established with the client/SDM, it is recommended that written consent be obtained (I.12, I.14). It is important to note that the document should go beyond the scope of a simple Liability Waiver. The signed document should outline the scope of the agreement reached between the individuals participating in the Informed Consent process. If those involved do not agree to sign a document (for example on cultural grounds), the writing of a detailed narrative of the Informed Consent process as it took place may be sufficient. Ideally, the narrative would be completed collaboratively.

c) Once the Informed Consent process is complete, the MTA can become involved with the client in the project. It is important to ensure that clinical material shared in the context of the project is in the best interests of the client/their loved ones (II.1, II.2, II.3, II.12). Interventions utilized during the recording should be ones that have been safely and positively utilized in the past in order to minimize the risk of harm to the client in such a vulnerable context. Ideally, the MTA would collaborate with the client to determine the material that will be shared (I.2). If the MTA feels at any point during the implementation of the project that the client/SDM is being exploited, does not fully understand what is occurring, or is withdrawing consent from involvement, the MTA has a duty to take appropriate action to address the issue at hand (II.2, II.3). While the MTA will have an agreement with the third party, it is imperative that their first priority be the well-being of their client(s).

Social Media:

The use of social media by MTAs can relate directly to the topic of promotion of music therapy, but can also intersect with a number of other areas of professionalism that are beyond the scope of these particular guidelines. MTAs are strongly advised to take significant care when using social media. There are increasing examples of health care professionals who find themselves in professional and legal difficulties due to errors in judgement. Particularly in private practice, MTAs may find it prudent to develop a Social Media Policy to review with staff, subcontractors, clients and/or the loved ones they work with.

The use of social media by MTAs is a topic unto itself, so for the purposes of this guide, the following recommendations are a starting point for further research and practice development. It is recommended that MTAs follow the "6 Ps for Social Media Use" developed by the *International Nurse Regulator Collaborative* (2016):

Professional: Act professionally at all times

Positive: Keep posts positive

Patient/Person-free — Keep posts patient or person free

Protect yourself — Protect your professionalism, your reputation and yourself

Privacy — Keep your personal and professional life separate; respect privacy of others

Pause before you post — Consider implications; avoid posting in haste or anger

Considerations:

The Ethics Committee and the CAMT Board recognize these recommendations represent a departure from the common practices of some music therapists in Canada in the past. However, the massive expansion in both size and functioning of the internet and social media over the past 15 years has made these changes imperative. Producing marketing material is more risky than ever before. It is important to note that many similar professions would never consider sharing real clinical material publicly because of the significant ethical risks it would pose.

The unique nature of music therapy as an artistic, aesthetic modality means that it can often only be understood fully when actual clinical work or client experiences can be seen or heard. The Ethical Promotion of Music Therapy Committee recognizes that lack of understanding and awareness of what music therapy truly is may limit clients' access to service. Quality marketing of music therapy could, in some ways, be viewed as a client rights issue.

Another interesting social justice issue is the right of music therapy clients themselves to be seen and heard publicly. Most Canadian music therapy clients experience marginalization of some sort in their lives. This may be related to age, gender and/or gender identity, developmental, cognitive, physical disability, culture, race, mental health concern, or socioeconomic status. A key focus for much work in music therapy is to empower and give voice to the lived experiences of these individuals. As a primarily strengths-based discipline, music therapy can give those living on the margins opportunities to be seen and heard for the often incredible and unique individuals that they are. In some ways, concealing our clients' successes makes us complicit in their marginalization. If balanced well, and carried out ethically, including real music therapy clients in promotional material aligns clinicians as true allies with their clients.