

THE DRUMBEAT

A QUARTERLY NEWSLETTER FOR THE MUSIC THERAPY ASSOCIATION OF BRITISH COLUMBIA

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voice

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From the Editor

Kevin Kirkland, Doctoral Candidate, MTA

Many diverse voices have come together in this issue that all speak - and sing - to the power and beauty of voice. Voice is many things. As its most fundamental it is the sound produced by the organs in the throat and uttered through the mouth and nose. It apparently stems from the Latin word *vocem* and from Old French, *voiz*. Voice includes sound, utterance, cry, call, speech, sentence, language, and word. The first reference to voice meaning "ability in a singer" stems from 1607, the same year that voice was attributed the meaning "to express" emotion or a feeling. In this regard voice is not only a technical but an expressive tool, and therein lies the tie to music therapy. But it also resonates beyond that into metaphor: the voice of the wind, the voice of one's conscience, the flute as an extension of the human voice. To give voice to something has also come to mean the right to express an opinion or choice.

This issue of *The Drumbeat* is dedicated to those who give voice. Marni Brechin writes about a commonly encountered experience: being told that one's voice is judged somehow inadequate, unworthy. How many of us know of friends, family, co-workers, or clients who were told to mouth the words because they couldn't carry a tune and the life-long damage this does to identity. Susan Summers gives testimony to the invaluable use of voice and vocal improvisation in palliative care. I asked Sue Baines to speak to the way eco-feminist philosophy and community as voice informs her practice, and she has provided us with insights that reveal, once again, the personal and the collective. Linda Dessau shares her delightful experiences from work at the Aphasia Institute. Music Therapy Intern Amber deJaray writes about the politics of sounding off and her work with music therapy as an anti-oppressive tool. Don Hardy discusses the perspective of being one voice among many. We music therapists bring a unique and often solo voice to health care, both from our clinical lens and also from the fact that there we usually work alone and not with other music therapists. Kathryn Nicholson invokes us to Sing! in a passionate text that is meant to be sung instead of read. So sing, sing a song...

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- Dodds de Wolf, G., Gregg, R., Harris, B., & Scargill, M. (Eds.). (1997). *Gage Canadian Dictionary*. Vancouver, BC: Gage Educational Publishing Co.
Voice: Online dictionary of etymology: <http://www.etymonline.com/v2etym.htm>

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President's Message

Chantal Jolly, MMT, MTA
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Greetings, MT folks!

Well, spring has sprung, and I hope you, like myself, are in the midst of enjoying the glorious sunshine and vibrant colours, scents and sounds of the season. We at MTABC are off to a fresh start with our new board members and one meeting already behind us.

I'd like to extend a welcome to our new board members: Rob Gill, Membership Chair; Angela Neufeld, Treasurer; Wendy Watts, Advocacy and Awareness; and Ashley Tait, Vice President. Kevin Kirkland has taken on The Drumbeat publishing job in addition to the editing that he already was doing. I'd like to thank the outgoing board members for all the hours and effort put into their positions: Sarah Sinclair, Membership Chair; Celine Cassis, Treasurer, and Marie Slade, Government Relations Chair. I'd also like to thank Sonia Landry for her work as drumbeat publisher over the last year.

It has been a challenging time in the world afar and at home for us. Thoughts of peace and well-being are due for the many suffering at this time. And, closer to home, our own National CAMT Conference had to be cancelled because of the mysterious SARS circulating through the world. Our thoughts of sympathy go to the many people who put in so many hours organizing this event, with the extreme disappointment of not being able to hold it after all.

We are intending to offer a variety of workshops this year, as well as a mini-conference. The first workshop, on music and imagery, will be held in Victoria, presented by Mary Reher. This is coming up very soon (June 6 -7), so check out the ad in this issue of The Drumbeat. We are hoping to hold a mini-conference in mid-June that will feature some of the local presenters who were scheduled to present at the CAMT Conference. Check your e-mail for more information as it becomes available.



Using Your Signature Voice

Marni Brechin, MTA
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Most people haven't had formal vocal "training". They feel that they don't have a voice, musically speaking. Most long to have a different voice – Oh to be a – "Celine Dion" or an "Elton John" but please not a "Bob Dylan"!

Many carry painful memories of comments made about our voices. I sang a song I had composed at a wedding many years ago. Afterwards a stranger came to me wanting to hear the song again. He was sure that I was the "next" Anne Murray. So I sang it again for him. He stated "Wow, I can really see that the mike did wonders for your voice." That comment shut my spirit down for many years and I felt reluctant to sing in front of others.

One of my clients consistently proclaims that if he "started to sing, the whole room would clear out". When questioned further about this, he stated that when he was a boy he used to sing regularly. One day a trained musician came along and heard him. This "musician" commented that the boy couldn't and shouldn't sing again. This painful memory carried throughout his life is now masked in a shroud of humor about his "inability" to sing.

A few years ago at a Music Therapy Conference, Susan Summers presented a voice workshop. In it she stated that each person's voice is like his or her signature – unique and distinct. This was a concept I had not considered before. It revolutionized the way that I offer music in music therapy sessions. I don't need to sound like "Celine." I now endeavor to offer my best voice as "Me." My voice has become a signature instrument.

Recently, I have begun to use my voice as a solo "instrument" in sessions. This makes me more vulnerable as a therapist. When I sing a cappella, I give more of myself to the client. As long as I play my guitar or piano along, I can hide behind the instrument- physically as well as emotionally. Without an instrument between us, I can get physically closer to them and the music becomes a more intimate experience. This is risky business! My signature voice is laid bare before them and I am vulnerable to their response to this "gift" I offer them.

Will they think it is like a diamond necklace or a macaroni necklace? I have found that the clients respond to it as if it is a diamond necklace. Many of them begin to sing along with me or they sing louder than at other times when there are other instruments. They offer me their own diamond necklaces! The music experience sparkles with the radiance of our signature voices.

All of us have a signature voice – individual and distinct. Just as each music therapist is unique in methods and manner, so our voices give special, powerful and effective resonance in our workplaces. I encourage each of you: sign your work with your voice!

Healing Through Vocal Improvisation

Susan Summers, MMT, MTA
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St. Michael's Centre opened the first community-based hospice in the Fraser Health Authority's May, 2002. The patients admitted have ranged in age from 31 to 100. They have a variety of life-threatening illnesses, but most have various forms of cancer. Their prognosis upon admission is less than three months, but we are finding their average stay is three weeks. Some patients have stayed with us as long as five months and others less than twenty-four hours. It has been a profound and inspiring new area of my clinical practise and one in which vocal music therapy plays a major part.

In my submission to the region, I had proposed that the music therapy staffing be the minimum "best practise"? average across Canada, which was 1.5 music therapy hours per patient. This would have meant twenty-four hours for the sixteen beds. Unfortunately, the region authorized 7.2 hours per week, which is a far cry from what is standard across Canada. This impacts not only the number of patients that I can see, but also affects any follow-up with patients on an ongoing basis. Because of the minimal hours that I can see patients, I find my intent has become very focused and that it is important to touch the essence of what the person needs in a very timely manner. I find voice to be the most effective tool I have in my music therapy tool-kit. The spiritual energy tools I bring to my work are also invaluable in all phases of the healing process.

Voicework may be effective for me because I am a voice major, but I think also because I find that hospice patients tend to be fragile and sensitive medically, physically and emotionally. Voice is immediate: we carry it with us everywhere we go. I find I can vary it in tone, dynamic, volume, range, quality and intensity easily and immediately as the session calls for. Voice is the sound of the breath of life. What people often

need is someone to listen to them, to be with them and to connect with them in whatever state they are in.

Because so many of my sessions are one time only and typically without much fore-knowledge knowing about the patient's musical biography, I find my voice is the most immediate contact with someone and their family members. I pay close attention to the quality of my speaking voice, to my energy presentation, to the qualities in my singing and playing, and in general, using my voice to set an intentional tone or ambiance in the session that is supportive for today in this moment. I bring vocal improv into almost every session, sometimes added to a pre-written song or hymn. I often a spontaneous songwriting approach, incorporating what is important to the patient in order to bring an experience of joy, of relief or lightness, and especially of connection with who they are and to what they love in life.

I recall one patient who loved cats and was separated from her dear ones by being in our hospice. Because I am a cat lover as well, I could relate to her feeling of longing and missing these important friends. We talked about what cats meant for her in her life, and then I made up a song with all the things she had spoken of included in the verses and chorus. She responded happily with other thoughts (mostly spoken) but she did get the gist of the chorus after a couple of times and joined in singing. Although we didn't record it and the next time I went back, I couldn't remember the exact tune, she commented that she wanted to hear the "cat song" again as it had brought her so much comfort and connection.

One of my most used interventions is vocally improvising on a variation of Diane Austin's vocal holding two-chord technique. I add humming or vocalizing on "ooh" or "ah" to two simple guitar chords. The vocalization depends on how much energy the patient can handle and what the intent/focus/goal of the session is to be. I find that vocalization has a unique place at the bedside: bathing the patient in a room full of beautiful sound that wraps around them like a blanket of sacredness.

Vocal improv ebbs and flows easily with their respiration rate, depth of breathing and sounds. It drifts into the hallways so that other patients, families and nursing staff also are a part of this healing experience. Many times nursing staff seek out the room where the music. They comment that they feel "drawn like a magnet" to the energy of what is happening in the room.

Patients are regularly being visited by their young children or grandchildren, and especially at the time nearing death, this can be a very difficult time for all. Adults often have to choose between being with their dying loved one and being with their children. The children get restless and bored and need distraction.

At times, I have been invited into the family circle in the room and have used vocal improv to engage the children in a story of what is happening with them and with their family, or combine it with a familiar children's song. This gives the family great relief and joy at seeing the children sing, dance and make up stories and songs, while at the same time, gives the children an opportunity to release pent-up energy and emotions. It is a very special time when children are included in the dying process while affirming the vitality and continuity of life. Making sounds, singing, vocalizing and being creatively spontaneous supports these situations greatly.

To close, I'd like to share some words that continue to inspire me about the power of music, song and of the power of our voice.

When words leave off, music begins (Heinrich Heine)

Music washes away from the soul the dust of everyday life (Berthold Auerbach)

Laugh and be merry, remember, better the world with a song (John Masefield)

Board Introduction: Wendy Watts, MTA

Awareness & Advocacy
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I've been working as a music therapist for the past ten years mainly in the field of Geriatrics and also taught PMI in the music therapy program at Capilano College for 5 years. As well as working as a teacher and music therapist, I am also a performing singer/songwriter. In 2001 I released a CD of songs and am currently working on my second. I am excited about joining the MTABC board with the new position of advocacy and awareness because I have always believed that we need a stronger presence in our community and that we have the resources to build that presence. I plan to work with the board members in establishing priorities and coming up with a strategy that will help us promote awareness about the valuable work that we do. I plan to communicate with Administrators, non-profit organizations, Art councils and other organizations to build a supportive network and am very interested in being involved in public relations and fund raising. I look forward to joining Chantal and our board and welcome any suggestions or ideas.

New MTA: Gail Penny

Gail Penny, MTA
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The only careers I have ever had have been involved with music. I went to the University of Victoria at the age of seventeen with the intent of becoming a high school band teacher. I completed my Bachelor of Education degree in music in 1982. Throughout the course of my studies I became increasingly more involved with singing professionally on weekends at the Empress hotel. Throughout the summer months I sang and danced in main stage musical theatre productions and children's theatre troupes performing such classics as Aladdin, Wind in the Willows, and Mother Goose. This love of musical theatre has remained with me and colours much of my musical repertoire.

Upon graduation from U.Vic. I had to decide whether I wanted to pursue this blossoming singing career or seek out employment as a schoolteacher. At the age of 22 the lure of excitement and travel associated with the life of an entertainer was too alluring to resist. In 1983 I embarked on my career as a professional musician and spent the next 16 years travelling the world entertaining on cruise ships around the world and in hotel lounges across Canada.

I began to become weary of the travelling life of a musician and the sometimes uninspiring atmospheres and environments where my music was being offered. I began to wonder whether there was some way my musical gifts could be channelled in a more meaningful and productive way. I began to seek out career alternatives with the stipulation that it must be associated with music. I discovered Music Therapy and was immediately drawn to the possibilities of using my musical and life experience in a helping field. Without hesitation I began the steps involved to enter the Music Therapy program at Capilano College. I now hold my Bachelor of Music Therapy, MTA, and work in the field with a variety of clients including the elderly, children and adults with mental and physical challenges living in a group home setting. It is the most wonderful and rewarding work I have ever done and am proud to be a Music Therapist.





Need a Music Therapist on short notice? Or a replacement Music Therapist for reasons such as sickness, maternity or parental leave, vacation, leave of absence? Creative Music Therapy Solutions and founder music therapist Sandy Pelley are dedicated to providing experienced, qualified music therapists to replace therapists who are absent for any reason.

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info@creativemusictherapy.ca

<http://www.creativemusictherapy.ca/html/interview.html>

New MTA: Allan Slade

Allan Slade, BMT, MTA
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After completing his Music Therapy Degree in 1997 Allan Slade (along with spouse/colleague, Marie) set up many music therapy programs on the Sunshine Coast. There he created programs for brain injury survivors, children and adults with developmental disabilities, and residents of extended care, intermediate care facilities.

After six productive years on the Sunshine Coast, Allan (along with Marie), has now moved to Victoria and has been creating Music Therapy programming through the Victoria Conservatory of Music. Allan currently works off-site in residential care settings and community programs. Allan also has three group recording projects in process and does one-on-one work on-site with children and teens with a variety of disabling conditions.

Specializing in the use of song writing, improvisation, music technology and recording skills for therapeutic purposes, Allan has produced many CDs featuring clients with a variety of disabling conditions. In his work, he strives to explore and use the creative, social, emotional and physical elements of music to enhance the overall health of individuals and their communities. Allan received his MTA status in April 2003.

Music and Imagery Workshop

An introductory experience in The Bonny Method of Guided Imagery and Music

Explore your imagination and your inner life, with MUSIC as a catalyst. This music-centered transformational therapy is gentle and enlightening. Benefits are numerous, and may include stress relief, creative inspiration, insight into past or present relationships or situations, and spiritual experience.

This experience will include work in a small group, and in dyads (pairs).
Mandala drawing or writing will be a part of the session integration.

This workshop to the Music Therapy community (plus others, if space allows) is for the purposes of self-care, exploration and enjoyment.
Although it will also serve as an introduction to the Bonny Method, it is not intended as nor can it replace an official Introductory Training.

FRI. June 6: 7-9pm & SAT. June 7: 9:30-4
4240 Cedar Hill Rd., Victoria

FEE: \$80. Please register by June 1.

Call Mary Reher, MTA, FAMI at (250) 629-6431 or mreher@gulfnet.sd64.bc.ca

PMI Voice at Capilano College: Then and Now

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Over the past five years, I have had the pleasure of teaching voice to MT students at Capilano in the private music instruction (PMI) component of their training. As many of you know, MT students come from very different backgrounds, musical genres and major instruments. When a voice student comes to train as a music therapist, they are strongly encouraged to take a minimum of one semester of vocal PMI that specializes in various forms of vocal improvisation and increasing their awareness of using their voice therapeutically. Students with less voice training may opt for more than one semester. It is becoming more common each year for the majority of graduating students graduating to have taken some vocal PMI.

I was excited when the theme of voice was being offered for this issue of *The Drumbeat*. I thought it might be interesting for those music therapists who graduated from Cap many years ago, or for those who did not train at Cap, to have an idea of the new emphasis on voice in the PMI program, and also to elicit any of your techniques and ideas about vocal improvisation. Before 1997, many students did not take vocal PMI instruction with an experienced music therapist. They therefore may not have received instruction or exposure to some of the models, techniques, interventions and awareness of how to use our voice effectively in our clinical work.

Historically, who's doing vocal music therapy?

I would have to say that vocal improvisation and using voice therapeutically in MT seems to be still in its infancy in the research, publication and awareness stage of our profession. When I was doing the research for my master's thesis in 1998, I spoke with Diane Austin in New York, who has created her own model of vocal improvisation called "vocal holding." She was aware of Lisa Sokolov (also in the New York area) and perhaps one or two others who were writing about therapeutic voicework in music therapy. Nicola Oddy (from Ontario) completed her master's thesis two years ago, did work with both Diane and Lisa as part of her coursework, and is one of the first Canadian MTs to teach, offer workshops and clinically use her newly created technique of "vocal discovery." Nicola, Judy Langmuir and Kathleen Johnson organized the first weekend retreat last November emphasizing vocal improvisation for music therapists. It was well attended by therapists across Canada who were passionate about sharing their voice with others and who strongly believed in emphasizing the therapeutic value of vocal MT. All of us in attendance found very little emphasis on voice in our chosen profession, other than for singing songs.

What's in the vocal PMI course now?

Students who take vocal PMI at Cap receive a 30-page handout which highlights books, articles and resources to do with vocal improvisation and sound healing; vocal warm-ups and technique; repertoire lists (including hymns, seasonal geriatric songs, ideas for medleys, etc.), many types of vocal improvisation techniques, ideas on how to practise, about therapeutic ownership of your voice and of your therapeutic space, on energy dynamics and presence in vocal improvisation and session work, and includes some information on the Alexander technique. Students receive exposure to the various models and techniques of vocal improvisation that I have become aware of through research, reading, observation and from my own clinical practise. This includes Austin's vocal holding technique, songwriting, and vocal improvisation with various genres such as the blues, Spanish idiom, pentatonic idiom, relaxation chords and doo wop. They receive feedback and coaching on how to use their voice more therapeutically and more effectively with their practicum clients as well as in other populations. They also receive some information on how their posture, their breathing and their emotional issues impact their use of their voice in a therapeutic setting. They gain awareness of therapeutic ownership using their voice, and become more comfortable and confident in using their voice while they play the guitar, piano and other instruments. They begin to learn how to incorporate musical elements into their voice, vocal improvisation and vocal expression. (elements such as rhythm, tone color, vocal qualities, etc.) Voicework also includes matching a client's music vocally; and using the voice to entrain, to stimulate, to distract, to embrace, to bathe the client in the experience, to match resistance, to express an emotion, and to do all the clinical work that other music therapy models use. Voice can do it all and can do it immediately, as long as the clinician is aware of the possibilities available to him/her. We may not always have our instruments with us but we always have our voice.

Teaching voice and working with the high quality musicians we find in our music therapy students has been an honour and a pleasure. I am committed to learning more about the use of voice in music therapy, about vocal improvisation and about other music therapists' models, techniques and interventions. I believe that by sharing what we do and what we know and teaching it to our students, that the field can grow and develop professionally, which will benefit all.

How does an eco-feminist voice and the “community as voice” inform my practice and my life?: The personal philosophical voice

Sue Baines, MA, MTA
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To begin, some foundational definitions. Feminist – a celebration of all that is woman in all her diversity: women’s wisdom, women’s culture, women’s truth, women’s power, etc. Eco-feminist – the ecosystem informs us in terms of sustainability, the structural reality of inequality and systemic reality interdependence, and the aesthetic of wholeness – an ecological/ environmental perspective then framed with a feminist sensibility. How does this inform my practice?

Eco-feminism is a philosophy that encompasses my work and my life. As I navigate my way through my life, I choose to be informed primarily by environmental and women’s truths. For example, I find the old feminist slogan, “the personal is political” essential to my ability to facilitate both myself and my clients toward their own health and well-being. What does this slogan mean? It means that what I experience on a personal level has a political reality. Environmental case in point: political reality” – the global powers in the world have not yet agreed to demand an environmentally sustainable economy; personal result – my air, food, and water are less healthy than the day I was born. Feminist case in point: a personal reality that is repeated globally – affordable credible daycare is scarce, daycare workers are poorly paid for the essentially important service that they offer our society/culture, and yet the service is too expensive for me and many other people, predominantly women, who need it to be able to work and support their families. Political reality: Traditional women’s work is not valued, particularly financially, by our society/culture.

My awareness of the structural inequities inherent systemically in the hierarchical nature of the dominant global culture and my ability to frame that for my clients in a way that empowers them offers my clients the opportunity to negotiate their own system with a level of understanding, critical awareness, and personal power that can only enhance their development. Focusing my facilitating through listening to and sounding my eco-feminist voice, I offer my clients inspiration and empowerment to find their own personal voice and the way that they prefer to sound it in their own environments and communities.

“Community as voice,” how does this inform my life/work? What is the community I live in calling for? The different communities I work in? What is our global community calling for? Crying out for? I hear a call for community connections, for community development, for community health, for community peace. In my case, that healing and community building comes about through my work as a music therapist and music therapy educator. I hear that community cry as a peace initiative and a global imperative. I hear an inner voice always calling for peace, seeking peace, dreaming of peace, and creating peace. I hear this voice echoed by many of the community workers I work with: personal development in combination with community development, working together for each of us personally, all of us communally. To empower our personal and community voice efficaciously, feminist theory suggests participation in social action and work for social justice. Working in community for the health and well-being of the community helps us develop personally, to feel our personal power working for things that are important to us. By empowering ourselves, our families, our communities, and our clients, we truly can make a difference. Albert Einstein said that it only takes 2.2% of us to be in agreement worldwide to shift global consciousness. Listen to your voice of truth. Let our voices sound our truths, our desires, and our hopes. Let us sound for peace.



Aphasia and the Voice

Linda Dessau, MTA
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The Aphasia Institute

I've worked at the Aphasia Institute's Pat Arato Aphasia Centre since 1997, starting as an intern in 1996.

Aphasia is a loss of language following a brain injury, such as a stroke. Every individual with aphasia has a different degree of impairment' – some have mild word-finding difficulties, some can say one or two words and can understand everything that is said to them, and others can hardly comprehend language; every person with aphasia has a unique place along that continuum.

As this issue is about "Voice" I would like to share some memories of the voices that I have had the pleasure of knowing in my seven years here.

... "Dusty old farmer, out working your fields" "Do you know that song? It's by the guy....he has a hat, you know, like this....and he played the thing.....heard it on the box.....before awhile...." my client with fluent aphasia talked "around" the words that would have described the singer for me (Murray McLaughlin). I didn't know the song, but it was stuck in my head for weeks (and I can still hear exactly how he sounded when he sang it). Eventually I tracked it down and we added it to our repertoire in the songwriting group.

.... "Do...do...do..." A client with global aphasia, meaning she had just as much trouble understanding words as she did trying to say them, sang to the only syllable she could say. She sang very quietly and her rhythm was impeccable.

..... "I was waltzin' with my darlin' to the Tennessee Waltz"sang a client with moderate non-fluent aphasia, who understood almost everything that was said to him but could only speak a few words. A professional musician (guitarist & singer), he sang this piece particularly beautifully. He performed a duet with me two years in a row at the Holiday party. We were all thankful that his family videotaped us last year, because he passed away just over a month later.

..... "Hallelujah!"When this part of "She'll be comin' round the mountain" comes up, my client mouths the words and gestures emphatically. This man has aphonia – a complete loss of the sound of his voice, which was caused by his brain injury (stroke) when his vocal cords were paralyzed in the open position.

Some of my clients with aphasia have not heard their own voice in months when they first meet me. For some, it was so frustrating and discouraging to lose their language that they gave up using their voice at all and relied on gesture or pointing, or worse, they shut themselves off from others and from life. The first time they participate in song – by singing words, humming, using another sound or by mouthing the words in unison with the group – can be like an open door to once again participate in life.

Linguistic theorists suggest that a baby learns language by the tonal inflections of its mother's voice, and it is that attunement to tonal inflection that ultimately gives us language.

Frohmayer, J. (1994). Music and spirituality: Defining the human condition. *International Journal of Arts Medicine*, 3(1), 26-29.

Voice and Autobiographical Memory

Patients with panic disorder, social phobia, or major depressive disorder, and healthy controls were asked to describe their most frightening experience and to describe an emotionally neutral experience. Both fear and neutral autobiographical memories were audiotaped and processed through a low-pass filter that eliminated frequencies about 400 Hz, abolishing semantic content but leaving paralinguistic aspects like rate, pitch, and loudness intact, and these convey emotional cues. Raters blind to content and diagnosis analyzed the clips and content-filtered fear memories received significantly higher ratings on anxious, aroused, and dominant (but not sad or negative) scales than did content-filtered neutral memories. Content-filtered speech appears promising regarding emotional processing during the accessing of autobiographical memories.

McNally, R., Otto, M., Hornig, C. (2001). The voice of emotional memory: Content-filtered speech in panic disorder, social phobia and major depressive disorder. *Behaviour Research and Therapy*, 39(11): 1329-1337.

Perception of One's Own Voice

According to cognitive models of social anxiety, negatively distorted self-images have a central role in the development and maintenance of social anxiety. Researchers examined the correlation between social anxiety and the perception of one's own voice. Participants tape recounted a story on tape and then rated their voice characteristics on an evaluation scale. Independent observers also did the same. Results supported the cognitive distortion hypothesis: a high level of social performance anxiety was associated with an underestimation of one's voice qualities.

Lundh, L.G. et al. (2002). Social anxiety is associated with a negatively distorted perception of one's own voice. *Cognitive Behaviour Therapy* 31(1): 25-30.

Membership Chair Introduction

Rob Gill, MTA
membership@mtabc.com

Greetings all in MTABC land. My name is Rob Gill and I am the newly appointed membership coordinator. I am relatively new to the Vancouver scene, arriving about two years ago from Australia. My music therapy training was at the University of Queensland and since graduation my experience has primarily been in aged care. Moving to a new country brings lots of new experiences, but perhaps of most interest professionally has been joining another music therapy community. This has been a wonderful experience and I relish the opportunity to connect with a few more music therapists in the near future. No doubt in my role as membership coordinator I will get to know names, if not a few faces. As a board member, and one who is new to the area, hopefully I can also bring a fresh perspective.

We do not need to amplify our voices in an effort to overcome chasms and walls. Rather, we need to realize that those barriers are not really there, and a deeper understanding of listening will enable us to dispel those pervasive illusions.

Davis, B. (1996). *Teaching mathematics: Toward a sound alternative*. New York: Garland Publishing, p. 34.

HSA Convention and Music Therapists Show Our Voices are Stronger Together

Cindy Stewart

President, Health Sciences Association of BC

Music therapists played a central role in opening the Health Sciences Association's recent annual convention (April 10-12). HSA had previously invited 2 of our music therapist members, Chantal Jolly and Susan Summers, to open the convention plenary with a demonstration of the work they do. We had originally thought this would serve several purposes; to highlight the profession of music therapy at a time when it was facing cuts in the health care sector, as well as to open convention in an upbeat, energizing way.

Opening convention with music would also help illustrate our convention themes, highlighting that HSA and its members have really found their voices. As individuals, as a union and as part of various organizations, HSA members have been speaking up for public health care, for the work that HSA members do, and for patients and clients. Music would also illustrate our convention theme that when we raise our voices together, when we act in concert, we are more effective, more powerful; we are truly "Stronger Together".

As it turned out, our music therapists played an even more crucial role in opening convention.

The day before convention began, HSA received the devastating news that a member of our staff had been killed in a car accident the previous evening. Members and staff who had worked with this young woman in the HSA office were in shock. The fact that their young colleague was only 24 years old made her death even more unexpected and tragic.

With hundreds of HSA members coming in for convention the next day, we really didn't know where we would find the strength to continue. The most difficult time for me personally, would be to open convention by informing delegates of our terrible loss, and ask for their support as we struggled with our grief.

When Chantal and Susan arrived at convention, they were informed of what had happened. Hours later, when they opened convention, they offered us some of the most meaningful gifts of music therapy; healing and joy. They began with a thoughtful and sensitive tribute to the young woman we had lost- the Beatles song, "In My Life." This moving performance not only allowed those of us who knew this wonderful young woman to help access and deal with some of our emotions, but also allowed all the delegates to share in, and support us, in our loss.

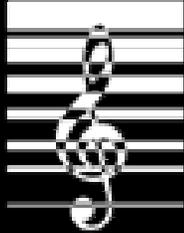
Susan and Chantal then used music to help us move on to the work of convention, with an interactive performance of "Grab Another Hand". Participating in singing this upbeat piece, as well as the physical connection of holding hands with our fellow delegates, lifted our spirits and contributed to building the sort of cohesion among delegates which makes for a successful convention.

I believe we were all struck by this graphic demonstration of the power of music therapy. HSA is one of the most significant voices speaking out on behalf of all the professions in which HSA members work, including music therapy. The experience which our music therapists shared with us at convention, will surely lend a greater emotional depth and power to HSA's voice as we continue to speak out on behalf of music therapists.



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lmoffitt@capcollege.bc.ca

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I'd love to work with you over the summer months in any aspect of utilizing your voice more effectively or adding new skills and abilities to your clinical practise.



Susan Summers 604-271-7772 or
ssummers@capcollege.bc.ca for further information.

The Many Faces of Ethics

Alpha Woodward, MMT, MTA
ethics@mtabc.com

There are many ways in which professional behaviour can come into question. The following four examples are my own perspective from situations presented to me and outline only SOME of the breeding ground for ethical dilemmas to occur.

1) Our nature

As client-focused therapists we are likely to be accommodating and adaptable human beings—which is reflected in our approach to our work. This may foster a ‘belief’ that everyone is unconditionally good - thereby leading us unintentionally into ethical dilemmas when others don’t behave as we expect.

2) Private Practice Business

In the area of business, we may set up our private practice in such a way that there are openings for misunderstandings and conflict to occur. We are in a competitive arena for work - and this can put us in conflict with our own ‘good intentions.’

3) Facility contracts and staff workers

Music therapists who work in facilities may be immersed in complex ethical issues that stem from a clash in family values and institutional protocol, or from a clash in a multi cultural environment leading to difficult staff behaviour. Music therapists working in a team environment are not often involved in the process of solving ethical issues. Their own ethical behaviour may be addressed by facility management protocols.

4) Clients

There are many ways we can get into difficulty in our clinical work. For example, when to terminate our services and provide clients with other more appropriate community resources. When not to take on a client, etc. This will be explored in other issues. Note: The ethics chair has worked primarily with private contract music therapists.

The following ‘benign’ scenario could easily become a blemish in the careers of two music therapists. Allowing for variations, it could be a situation any one of us could find ourselves in. Identify the ethical principles and values underlying the issue. Use the decision-making model in our code of ethics to determine what course of action (if any) you would take. Email your thoughts to me at ethics@MTABC.com. This is an informal discussion and I will post your ideas in the next Drumbeat - with your consent.

Keeping ethically fit...

Andy is a senior music therapist and is working at a number of sites within a single health care entity. His work involves groups and a few 1:1 contacts. He is the only music therapist and is hoping to develop his practice into a continuing and tangible clinical/business relationship with the health care agency. To this end he has given several inservices and has networked with various clinical managers. Everyone likes his work and hopes he can stay on.

His supervision of interns is inspirational and many students ask to be placed with him. One such student developed a bond of trust in her clinical relationships over the lengthy term of the internship and a few clients wanted to continue sessions with her after the internship was over. She approached Andy to ask what he thought. Andy is facing a conflict of interest and is considering options. What might this conflict be? What are the ethical concerns for the student who may be continuing her 1:1s - now on a paying basis? Which ethical code(s) would be in question to determine if a breach of ethics has been made? What priorities would you consider while considering this dilemma? What options do you think might be open to the supervisor?

Consider this situation - and-determine if there is an ethical issue. Write your answers to ethics@MTABC.com. Your answer may be highlighted in the next issue of The Drumbeat (anonymously if you wish).

Politics Control Students' Voices

Amber deJaray, Capilano College MT Intern
amberdejaray@hotmail.com

I am often reminded of how oppressive the 'typical' school system truly can be. Currently I am completing a portion of my internship at an East Vancouver High School. I have been working with senior high students who have learning challenges, as well as social, emotional, and/or physical difficulties. Recently, a group of five male students collaboratively wrote a song about a local politician, in an effort to express their feelings about the situation. During the last month or so, we have been met with resistance in our efforts to 'publish' this song in a local newspaper, and throughout this process I have been personally reminded of my own experiences as a high school student struggling to be heard and accepted.

I attended a "fine arts school," a school that accepted grades K-12. Initially, I assumed that a school honouring the arts would be more respectful of the student's need to speak her voice and be heard than the average grade 9-12 senior school. It became evident that this was not the case shortly after I transferred there in my 11th year. I am reminiscent of a time when a friend of mine and I decided to write a short essay about students' rights and responsibilities after he was not allowed to submit his artwork in the school's gallery because it had nudity in it. The essay we wrote included such phrases as "... the school, while supposedly a product of a democratic society and system of government, shall not be democratic in any way but name only," and "...teachers shall retain their authority in a dictator-like fashion in an attempt to ensure a productive environment of indoctrination through the exercise of limits, rewards and consequences developed for the express purpose of maintaining the status quo." Although our initial distribution of this 'code' to the student body did not seem to wrinkle the seams of the authority, my friend took his statement a little bit further and had the banned 'nudity scene' reprinted on a smaller page with writings about the beauty of the human body surrounding it. After he hung these up inside the school in defiance of the chains that shackled his self-expression, Administration suspended him and removed the posters. Thus our essay, originally written out of spite and anger, ultimately cried the truth about the oppressiveness and corporate manipulation that the 'typical' school system embodied, revealing to our peers that students truly were being socially programmed to accept, and expect, control and dominance from a rather police-like team of teachers.

As a music therapist and as a human being, I acknowledge the voice of the student in full sincerity, and I certainly believe that, as perhaps most music therapists do, the process of these students' efforts was definitely more important than their end result. And it is most unfortunate that Administration was unable to see this impressive bit of information, that a group of teenage guys who are usually unable to function productively as a group in mainstream classes and all possess a lowered ability to concentrate and focus were able to come together as a team - a cohesive unit - and create this song. Not merely create it either, but record it while singing, and accompany themselves on percussion instruments that they had learned to play. This group of young adults decided 'as a group' to publish the song in a newspaper, deciding to remain anonymous for their own reasons. This was their finished product:

Oops, Gordon Campbell Got Caught (Sung to the tune of Britney Spears' "Oops, I Did It Again")

CHORUS

Oops! Gordon Campbell got caught.
Didn't know what to do,
Got drunk in the bar.
Oh baby, baby
Oops! Gordon Campbell got caught.
What a freakin' loser
He's not that innocent.

VERSE 1

Swerving all over the road
Might have killed a kid.
Crossin' over that line.
Oh baby, baby
Stopped by officer Brown.
And he took him and cuffed him up
And took his photograph.

VERSE 2

So he got out of jail
Taxpayers' money
Paying for bail.
Oh baby, baby
Now he's lost everything.
Hope he doesn't come back again...
Goodbye Mr. Campbell.

I was unaware when I originally approached the vice-principal about our plan to submit this song to a local Vancouver newspaper that Gordon Campbell's wife was a school principal in the Lower Mainland. I believe this added some political pressure to the dynamics. Attempts at making appointments with the vice-principal were turned down in my desire to speak on behalf of the students. After I passed this news along to the group, the students were willing to try again--attempting to solve the problem by submitting the song to a student-written newspaper with their names *and* the school's name withheld. Again, this idea was shut down. Isn't a student newspaper designed for students to express their own opinions? I felt caught in the middle, having to conform to the school's position but wanting to follow my heart in allowing these kids to express their right of speaking freely. I have wondered whether these students, labelled in the "special class" have ever been given the chance to speak their minds in such a manner. Could I have averted this political run-around had I merely acted on my impulse and sent the song without permission? Probably not, as I would likely be in hotter water now had I taken this route. But it is this continuous battle between the 'appropriate' versus the 'inappropriate' that seems to govern my quest for freedom of expression and, as my old friend in school and I had written in our essay long ago, "...freedom of speech shall be supported to the extent that what is said must endorse and reflect the doctrines forced upon the student body by the Administration and society in general." The school was not willing to see beyond the finished product and the apparently 'inappropriate' words that consumed the song, nor was any compromise willing to be had.

Despite my disappointment and feelings of powerlessness, I used the opportunity to invite the students to overcome the adversity and to continue to try and find a solution that worked for everyone. Eventually, the students decided to play the song for the rest of their class and to instead write an article about what kinds of things our group had been doing, without going into detail about the words actually written during the sessions. However, this compromise was not an expression of "free speech" since the group was not allowed to play their song to the rest of the school on the PA system. Concern for the school's reputation seemed to be in contrast with the students' needs for self-expression. I feel I can sympathize with the VP's position of needing to make choices that guarantee everyone's safety, but was disappointed with the apparent lack of support for the students who wrote the work.

Will our expressions of art and of the self always need to be form fitting to the society around us? I admire those willing to push forward and battle the authority in a respectable manner. I admire these students efforts to be heard, and feel privileged that I was given the opportunity to work with them and observe their personal growth. It has become blatantly obvious to me that the typical school system in our society does not work for everyone, nor is it designed to help integrate those who do not conform to the school's regimented system. Of all the valuable experience I have gained from this internship I feel that my placement, coupled with my desire to retain my independence, has given me the opportunity to work alongside these youth in their battles with their lives, their academics, and their inner worlds. I have been a mentor for these people, and have been humbled by the love and earnestness so many of these youth possess. I will walk away from this with more understanding of the challenges and barriers these youth face in today's society, although I am saddened by the fact that, at least in this situation, not much has changed in the ten years since I was a high school student.

One Voice Among Many

Don Hardy, BMT, MTA, Jobs Coordinator
jobs@mtabc.com

For those of us in private practice we are often one voice in the wilderness. How easy it is to feel "outgunned" at a team meeting when the only "alternative" or creative arts therapist in the room is one of us. The medical team may have a doctor, psychiatrist, physio and occupational therapists, and nursing present; and educational team may have a teacher, teacher specialist, principal, speech pathologist, psychologist and assorted others. And then there's the music therapist.

But just as often, we are able to provide insights that the other disciplines combined will never see, let alone be able to figure out. I remember vividly following a school psychologist's report that explained the child had "no measurable IQ"—that is the standard tests were not applicable. My report that the young mentally handicapped autistic child was able to read music was met with disbelief and silence. Until another lonely voice - his mother- confirmed my findings. Sometimes it's just a matter of speaking out and being willing to be a voice in the wilderness.

An area that has needed such a voice lately has been the one about our rate of pay guidelines. A recent article in the International Musician stated that if one was not turning down at least one job a month because it didn't pay enough, you weren't charging enough. In my twenties, I'd have wondered how that was possible. In middle age, I hear that voice loudly.

There are those who say in these times of health care cutbacks, that we should take a bit less. The argument goes that there's a bit more to spread around to a few more places. Maybe I'm not altruistic enough, but my investment in the tools of my trade (not counting education, a car to use to practice my trade or any other allied expenses, just instruments) exceeds \$30,000. (I'm not including my gigging equipment, just the instruments used with my therapy clients.) Some would say a grand piano isn't necessary, that a cheap guitar would get the job done as easily, that computerized recording as part of a therapy program is "over the top". Nonetheless, the money to underwrite these business expenses has to come from clients, and the only way they pay is through fees. At less than my present rates, that becomes unfeasible.

For those just starting out, they have many of these expenses ahead of them. Unless we can get fees in accordance with our training and business expenses, offering a first class service becomes untenable. And when it is untenable to be first class, we fail to attract the best and brightest to our field, and the whole profession suffers. As a result, as your jobs coordinator, I am constantly educating prospective employers on why they should be paying a professional rate for our services. My voice is loud and clear on the subject.

Many of us are private contractors, and are not privy to the benefits of HSA employment. The discrepancy between an HSA position and a contract one are many. Contracts do not offer sick days, medical / dental coverage, educational leave, or conference costs. When I was at George Pearson Centre, I was encouraged to do research and do conference presentations. My expenses were paid, I was paid for my time. Now if were to do the same research the cost of presenting it would be at my expense.

If working at one facility on staff, I can commute in a number of ways: car, car-pool, bus, bicycle or walk. I did all of the above when at Pearson. Now, working at three to five locations a day, I must drive. BCAA estimates the cost of a car at a minimum of \$7000 per year, a business vehicle costing more. These costs must come from fees or transportation surcharges to our fees. I prefer the latter, as it gives the client a clearer picture of what their fees really are, and an option to reduce them by coming to my studio.

I was fortunate enough to graduate without student loans. Most people are not. Whether one has incurred debt or not, the cost of an education is very real. The reality of our market driven economy is that a degree usually results in a higher salary. A recent survey concluded that a graduate with a bachelor's degree earned on average \$56,000 per year; a grade 12 graduate a mere \$27,000. I wonder where music therapy grads fall?

And so I continue to be a voice for wages commensurate with our training, investment in instruments and expenses. I find the argument that there is an economic downturn spurious. My dentist, a recent graduate who bought an existing practice, didn't give me a deal on my last check-up. We're both professionals. My voice will continue to advocate that position. It's the only one that works for me.

How Can I Keep From Singing?

Kathryn Nicholson MMT, MTA, RCC

knichol@bccancer.bc.ca

I have a confession to make - I am an incurable singer!

Having had many years of classical vocal training, I have worked as church soloist, performed in professional choirs, conducted church and community choirs, given singing lessons, sung lullabies to my children and love songs at weddings, performed in musical theatre, operas and lounge acts.....I have even delivered singing telegrams!!

I sing while driving to work, cleaning my house and in the shower. I hum, I croon, I belt, I wail.

I LOVE to sing.

As a music therapist, I feel very blessed. My vocation in the world has evolved to include witnessing, encouraging, enabling and celebrating the singer in others. I find voicework to be one of the most profound arenas for personal awareness and growth. As a therapeutic instrument, I believe the voice is unequalled in its flexibility and potential for intimacy, connection and catharsis.

Sing!

Sound creation - with or without words -
reverberating, resonating, replenishing, pouring out.....

Sing!

Vibration flowing through -
a surge of power, energy and joy,
a visceral sensation of connectedness of all parts of self

Sing!

Songs of invocation, invitation, inspiration.....
protest, mourning, celebration.....
respite, reflection, remembering.....

Sing!

Together - in sacred communion and precious community

Beautiful Music

Music therapist Dr. Johanne Brodeur was featured in the [Times Colonist](#) in a massive article about autism and the spectrum of pervasive development disorders and music therapy by author Jeff Rud (March 2, 2003). He writes, in part, about Johanne's work with two brothers: "Both boys benefit tremendously from music therapy, say their parents. But neither has been funded by the government for it, or any other kind of therapy besides the small amount they get through the public school system. That may soon change: the provincial government added \$ 11 million to its latest budget for children older than six with autism spectrum disorder: (p. D6). Sabrina Freeman, a social scientist and head of Families for the Ethical Treatment of Autism of B.C. is quoted as saying she doesn't think music therapy is therapeutic. "Where's the data?" The testimonials of the individual sessions cited in the article voice the results, both quantitative and qualitative. Let's see some of that \$ 11 million dedicated to music therapy research with autism spectrum disorders!

Accreditation Support Meetings

Over the past two summers, Nancy McMaster and Susan Summers have offered various forms of support meetings for those AV2 members who want to work on their accreditation file. We have been very pleased with the response from the BC community. BC has led all the other provinces over the past two years with the number of newly-accredited music therapists!

Nancy and Susan are offering this support again this summer to any new graduate or working music therapist. The meetings in the past have been very informal and have centered on relevant issues for those attending the meetings, including:

- a) answering practical, ethical and/or situational questions about accreditation
- b) offering a partnership or "buddy" to do the paperwork together
- c) creating deadlines for your file to be in and having someone talk with you at those deadlines to see how things are coming
- d) being in a group with other music therapists and hearing about their work, which can help you find the motivation to work on your file
- e) getting feedback on your case study or other paperwork

We are going to hold the meetings this summer at Cap College in the music therapy room (Fir 119) from 7:00-9:00 pm on the following dates:

Monday, June 2

Tuesday, June 10

August - TBA

Please RSVP to Susan at: ssummers@capcollege.bc.ca or by calling (604) 271-7772 if you plan to attend. All are welcome, even if you do not plan to complete your file this summer; you can use the meeting to ask any questions you have or explore the idea of becoming accredited. Please call even if you cannot attend these meetings as we may be able to find another date if others are interested. Find out why it is important for music therapists in BC to take this step in professional practise. Hope to see you there!

Attention BC MTs Who Work With Your Voice!

Susan Summers is interested in connecting with music therapists who use any kind of vocal improv or voicework in their clinical work, for the purpose of expanding the voice PMI curriculum for music therapy students at Cap. You would be given full credit for your techniques, models, interventions, etc. Also, Susan is interested down the road in exploring a publication that would focus on vocal work in music therapy. Your article to the Drumbeat or your technique or model could become part of the curriculum at Cap and could also be a part of this publication of Canadian music therapists who work use their voice as a primary music therapy tool.

Please contact Susan at: ssummers@capcollege.bc.ca or by calling 604-271-7772.

Capilano College Student Awards

Music therapy students who won awards at the recent Capilano College Foundation Awards Ceremony on March 23:

Paul Gallagher Scholarship for Excellence: Julie Jongejan and Jane Proctor (4th year)
North Shore Business and Profesional Women's Club Award: Brooke Angus (3rd year)
Music Therapy Association of B.C. Scholarship: Jane Proctor (4th year)
Kay Wilson MT Bursary: Crystal Aelbers (3rd year)
IODE Lion's Gate Chapter, Gladys Palmer Bursary: Cindy Johnston (4th year)
Evelyn Hildebrant Memorial MT Scholarship: Sheila Killoran (4th year)
Brian Beaudoin Memorial MT Scholarship: Julie Jongejan (4th year)
Billa Rodda Memorial MT Scholarship: Carla Rugg (3rd year)
Kawai Canada Music Ltd. Piano Scholarship: Julie Jongejan (4th year)

How To Join Online Group Lists

Jobs Online

Are you a music therapist or an intern who has completed your internship and you want to join the job distribution list? It's easy! Send an e-mail to Jobs-MTABC-subscribe@yahoogroups.com and you'll be on your way to receiving current postings.

MTABC Online

You may not be aware that MTABC has an active online community, so if you've got an e-mail address join us: mtabc-subscribe@yahoogroups.com.

Accreditation Support Group

B.C. leads the country with newly accredited members. Join the online forum and meetings to get your accreditation. Send an e-mail to accredited-subscribe@yahoogroups.com

GIM Grads

Congratulations to two of our members—Noele Bird and Ashley Tait—who received Fellow of the Association for Music & Imagery designations after completing the advanced level of Guided Imagery and Music.

One of our most difficult duties as human beings is to listen to the voices of those who suffer.

Frank, A. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago, IL: The University of Chicago Press, p. 25.



MTABC Webmaster Allan Slade at work

Seriously ill people are wounded not just in body but in voice. They need to become storytellers in order to recover the voices that illness and its treatment often takes away. The voice speaks the mind and expresses the spirit, but it is also a physical organ of the body.

Frank, A. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago, IL: The University of Chicago Press.

Looking for Something?

Looking for the bylaws? Code of ethics? Membership forms? Song lyrics? Liability insurance form? Hiring guidelines. Trust Fund application guidelines? Lots more! Go to the above link and check out what's in our files. Add some of your own goodies while you're at it! <http://groups.yahoo.com/group/MTABC/files/>



"I don't sing because I am happy. I am happy because I sing."

On Singing and Playing

Martin Howard, MA, MTA

Some of the guitar players I know insist that the guitar is an instrument of more 'human' quality than the piano because on the guitar sound is produced through the fingers actual contact with the strings (in wonderful imperfection and infinite variability) whereas on the piano sound is produced through a mechanical lever action which causes a distant hammer to strike the string; an event, which I might add, occurs enclosed within a large wooden box. A similar debate takes place within the guitar world with regards to using a pick or not. Some of my students relentlessly complain about that darn piece of plastic which, no matter how thin, causes a formidable gap between them and their guitar.

Following this line of thinking nothing compares to the voice for pure immediacy and lack of separation from the originating musical source. With instrumentalists, the musical expression originates from an interplay between the instrument and the musician which is to say that although a player's musical / emotional intention originates within, it is brought to life through their instrument. In the case of the vocalist, the singer *is* the instrument in which the musical / emotional intention comes to fruition. The voice is literally within, and hence is particularly equated with the self of the singer (Rosen and Sataloff). The lyrical aspect of singing adds an additional dimension, and may contribute to a further emotional voice both for the listener and singer. Most would agree that singing in a performance situation is particularly soul bearing. In group playing a singer is usually the focal point, or lead, with the other players in the role of 'backing up'. As well, people seem to identify more easily with music that has singing. Perhaps this is an effect of the lyrical content. But perhaps also we relate to

singing because we all have a voice. Lately I've been attending a lot of concerts with my four-year-old daughter who, after the first few shows, decided that she only liked the bands that had singers. When I asked her about this preference she replied simply, "Because I'm a singer." On another occasion when I asked after her preference for bands with singers she said, "When there's a singer it makes me fidget and move around less." Perhaps when in the presence of a singer we feel personally 'sung to' and emotionally held, or carried, in a way that harkens back to our early childhood experiences of being loved and cared for.

As a guitar player and teacher I must pause here to give instrument playing its due. Particularly on the subject of self in relation to ones instrument. For though physically separate from my body, my sense of identity is intimately associated with my guitar and the music I make with it, perhaps in a way that is more similar to the relationship of singer and voice than not. Once I was jamming with a music therapy colleague, a singer, for the first time. We were going to play some jazz tunes together. The first tune we did was a bit shaky. Never mind, I thought, we were still feeling each other out and hadn't settled in yet and as it was our first time playing together maybe we were a tad nervous. Perhaps it was my partner's feeling of being similarly unsettled which prompted her to say, "You know, you should feel free to sing as well. We could do some vocal harmonies." "Well," I responded, really wanting to stay with that solo jazz guitar and voice sound that I've always loved, "let's play another one and see how it goes." After the second tune, during which we settled into same groove and became more musically interactive, she said, "Oh, I forgot, your guitar is your voice. You sing with your guitar."

Peter Ostwald, a psychiatrist and director of the Health Program for Performing Artists at the U. of California, in a paper that explores the relationship of musicians to their musical instruments, observes that such relationships "...frequently begin at a very young age, continue through the various stages of psychological development, and may endure for a lifetime." (Ostwald, p. 110). Ostwald comments on how through the musician's continual experience of the sheer sensations from their instruments, including their look, feel, taste, sound and vibration, combined with the influence over time of the musician's postures and movements with and around their instruments - which become "engraved on the performers body image" - the instrument can come to be viewed as equivalent to a part of, or as an extension of the body (Ostwald). The process also involves an emotionally expressive aspect where self and instrument become bound together in the laying down of memories that are emotionally charged with musical reaction or elicitation (Ostwald, Ruud). One can see how the continual sensory, physical and emotional attunement required during the years that it takes to master an instrument would influence the developing structure of an instrumentalist's self and identity.

Often when I'm playing I feel a sense of unity with my guitar, as if there is no separation at all. Indeed, when fully immersed in a musical experience such lines of distinction - my instrument, my self, other players - become blurred, as all merge into a coordinated musical flow. Perhaps in this sense, in the final analysis we're all singing when we play.

References:

- Ostwald, P.F. (1992). Psychodynamics of musicians: the relationship of performers to their musical instruments. *Medical Problems of Performing Artists*, Dec, 110-113.
- Rosen, D.P., Sataloff, R.T. (1997). *Psychology of Voice Disorders*. San Diego, CA: Singular Publishing Group.
- Ruud, E. (1998). *Music Therapy: Improvisation, Communication and Culture*. Gilsum, NH: Barcelona Publishers.

Capilano College's Music Therapy Program seeks additional Voice Private Music Instruction Faculty

The Bachelor of Music Therapy program is formally advertising for an additional faculty member with a specialty in voice instruction. The assignment would vary from term to term but would be approximately 3 - 5 hours a week for 10 weeks each term and would begin in September 2003. Applicants should have a minimum of 5 years full-time equivalent working experience in Music Therapy, a Master's Degree in Music Therapy or related field preferred, a philosophy of working with their voice in Music Therapy including repertoire and improvisation, a therapeutic awareness of the voice, and teaching experience with adults preferred. All Private Music Instruction (PMI) lessons are conducted at Capilano College. The successful applicant will work with 3rd and 4th year Music Therapy students through individual PMI lessons, attend two faculty meetings per term, and attend PMI faculty meetings as scheduled.

The Bachelor of Music Therapy program at Capilano has a humanistic, client/student-centered approach. Interested applicants can submit a cover letter demonstrating the requirements above and a resume to: John Potts, Dean of Human Services and International Education, Capilano College, 2055 Purcell Way, North Vancouver, BC, V7J 3H5 by the deadline of June 10, 2003. Applications will also be accepted by fax at 604-984-1743.

Questions about the PMI position can be directed to the Program Director, Stephen Williams at 604-986-1911 Local 2307 or <mtherapy@capcollege.bc.ca>.



Upcoming Events

June 4-9: Introductory training in The Bonny Method of Guided Imagery & Music, N. Vancouver, BC. Check out the ad in this issue!

June 6-7: Music and Imagery Workshop with Mary Reher in Victoria. See the display ad in this issue.

June 15-18: 14th International Congress on Women's Health Issues, Victoria, BC.
<http://www.uvcs.uvic.ca/conf/ICOWHI/>

August 18-22: Autism and Related Disorders for Paraprofessionals - Victoria. Develop a rich understanding of the compelling and always-complex world of children with Autism. \$375. E-mail: learnforlife@sd62.bc.ca.
Web: <http://www.learnforlife.ca/summerta.html>

October 8-11: Vancouver, British Columbia, Canada: 5th Biennial International Reminiscence and Life Review Conference. International Society for Reminiscence and Life Review, Centre for Continuing Education/Extension, University of Wisconsin-Superior. Email jkunz@uwsuper.edu

Occupational Title Protection Process Resumes

Kevin Kirkland, PhD Candidate, MTA & Susan Summers, MMT, MTA

What is OTP?

OTP is a process under the Society Act of BC to protect the title of an occupational, usually by designating it as registered or certified, as in Registered Massage Therapist. Title protection is seen as a step towards preventing individuals from calling themselves a music therapist without adequate training. It is seen as a means of protecting the public from harm because a registered profession is one that has a code of ethics, standards of practice, continuing education, and a professional association. Membership continues to be optional in MTABC with the emphasis being on educating the public that a qualified music therapist must possess a certain designated title. While we currently have MTA, accreditation is of no legal value. Registered occupations are seen as having a better professional image, access to third party billing, and it is regarded as a step towards being designated as a health care profession under the Health Professions Act.

What is MTABC's history with OTP?

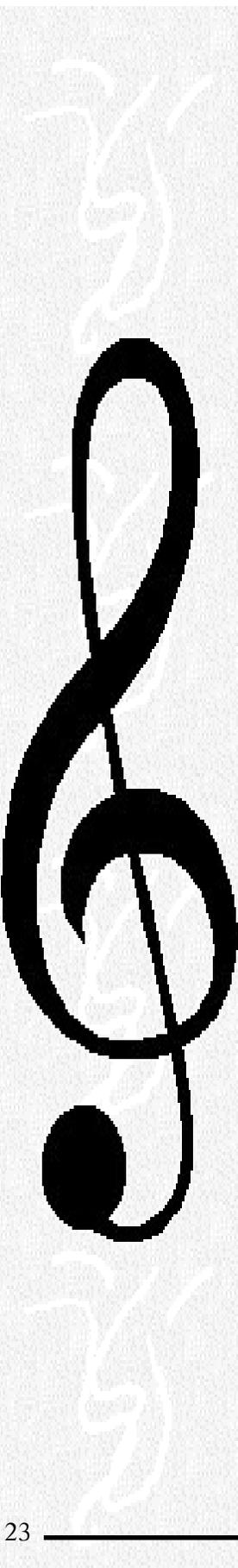
The process of applying for OTP began in the early 1990s. The procedure involved many changes to the bylaws, such as inclusion of the code of ethics and standards of practice into the bylaws, as well as numerous other changes. The board of MTABC and the membership approved pursuing title protection at a special general meeting when Noele Bird was President. It was a useful endeavour because it made the government aware of us. When the Health Professions Act and the Council that regulates it came into being, it worked both for us and against us. It worked against us in that we were nearly completed the OTP process but the HPA Council was now saying that title protection was their domain and that we would not be granted it unless we went through the HPA process. It was at this point that obtaining OTP was dropped in favour of the HPA process. Because we had been in the OTP process, however, we were already considered—in the government's eyes—related to professions that provide counselling kinds of services. To this end we were consulted about the HPA applications of other professions and were invited to comment about their application and if it would have any impacts on our scope of practice.

Why is OTP a viable option again?

HPA lawyer George Bryce recently wrote us about it:

While it was true that the possible designation of counselling under the HPA made the MTABC's application problematic back in 1995/96, it appears that the rules of the game are changing. Specifically and as I've noted previously, if a society does not have OTP under the Society Act and its members are also not yet designated under the HPA, it appears likely that its members would then be prohibited from using adjectives like "registered" in describing themselves. This was not a prohibition that was in place or proposed when the Association filed its original application.

In my preliminary discussions with Alan Moyes, it appears that the Ministry would not now resist OTP applications from registered societies whose members are likely to be designated under the HPA. This is because that designation may not happen for a number of years (possibly) due to the reluctance of the Ministry of Child and Family Development to support that designation. In the mean time, the HPA would be amended creating the prohibition I've discussed previously. I think it is fair to say that the Ministry recognizes that circumstances have changed compared to what they were back in the mid-1990s. Again, at least two other members of the Task Group are now actively preparing their OTP applications. If the MTABC would like my assistance in revising its earlier application, I would be pleased to help. To be clear, this would be a service that I would provide to the Association that would be separate from the services that I provide to the Task Group as a whole.



OTP continued...

What are the implications?

Music therapists don't use the word "Registered" or "Certified" right now, so if the Ministry does restrict professions who aren't processed through OTP or HPA from using these designations, I don't think it would affect us. It would leave us in limbo, however, since we'd neither be registered under OTP nor designated as a health profession with the other counseling professions under the HPA. In an era of health care cuts being a registered profession could boost our professional image and open up doors for clinical work in areas we have been seeking to break into, such as the school system, prisons, mental health, and other streams. But now that OTP looks like a viable first step towards obtaining HPA status down the road, it opens an opportunity to solidify our status. Also, with the move toward HPA still in our sights, being accredited will not be worth anything in the legal sense. The fact is that provincial regulations have precedence over national ones, especially regarding CAMT, which is not recognized as a legal regulatory body by the provincial governments. To this end, ethical complaints and an ethics board/procedure would be needed within BC. Fortunately we have maintained an ethics person for many years. Over the years various incidents have been handled locally without the need to send it on to CAMT, though the bylaws allow for both options. OTP status sanctions the autonomy of MTABC to register their members and to determine what credentials/criteria are needed for them to practice music therapy in BC. It may result that you would only need MTA status if you wanted to move to another province to practice music therapy.

What would it cost?

George Bryce has indicated his availability to work on the application for us. His fee is \$150 per hour and he suggested \$1000 could be targeted as available for his work on it. At the MTABC Board meeting on April 26 the motion was passed to retain George Bryce and move forward with the application. If it would end up costing more, he would contact us then. Kevin Kirkland would be available to liaise with him as needed. Given the amount of work that was done on the process over the past decade I would imagine that it would be a fairly straightforward process. Using a lawyer is probably the best option since he has been through the procedure before and his dealings with the government's Society's Act division would expedite the completion of the application.

Selecting a title

OTP has limited choices of what kind of title you can use. Only "Registered" and "Certified" were words that had to be in the title at the beginning or end of the phrase. Having both "Registered" and "Accredited" in the title is somewhat redundant. One thing that needs to be avoided is using the same lettering of a profession that already exists. Therefore, RMT is already taken by the Registered Massage Therapists. CMT may be a possibility if we prefer to use "Certified" in the title. Most people have commented that "Certified" is a relatively easy process in that you can get a certificate for simple trainings. The "R" or "C" can come at the end of the lettering, with the favoured credential, if available, looking like it will be: MTR. We will run a poll soon to see which designation title members like best.

Watch for more updates as progress is made with this venture over the summer.

“Gordie’s Voice”

Terra Merrill, Ph.D candidate
Michigan State University

Being a clinical supervisor is, at times, a mixed blessing. In our music therapy clinic at Michigan State University, we direct therapy that we never personally implement. We form a personal bond with clients from behind glass. We experience client’s successes and frustrations over the course of a year in a variety of ways, but the clients do not know us, nor do they have a personal relationship with us. Still, some kind of metaphysical connection happens, if in no other way than through our students and the influence we exert over their clinical choices.

This is the story of an extraordinary therapeutic pairing of student therapist and client that ultimately involved the development of both the client and student’s unique musical voices.

Gordie (pseudonym) is a 19-year-old man with Autistic Spectrum Disorder. Gordie is in grade 10 in the local high school’s special education program.’ He has received private music therapy since the age of 8 and has group music therapy one time per week at school. I have supervised Gordie’s work with three different student music therapists over the past three years.

Gordie demonstrated a strong musical preference and facility from an early age. Many parents of autistic children report musical mimicry and attribute this ability and preference to innate musicality. There is a hope that perhaps through musical engagement, children may learn to connect and communicate with their environment in more functional ways. Sometimes this occurs and sometimes not. In Gordie’s case, his preference for music (rhythm in particular) uncovered a superb talent and has led to the development of language, social awareness and cooperation, and lately of self expression through the development of his voice-both metaphorically and physically.

In the fall of 2000, I met Gordie for the first time and at the request of his private music therapist, paired him up with an outstanding student. Gordie’s mother had just died of Leukemia and the family could no longer afford private music therapy due to the financial burden of medical bills. The family was in litigation at the time, seeking music therapy services for his school. In 2000, Gordie was a tall, husky youth with a brusque manner. At times he could become physically aggressive and the 4 foot 11 inch tall Japanese student was a little nervous at first. Gordie was mostly non-verbal at the time, communication taking the form of grunting and one-word responses. His first student was a musically strong therapist and she led him into the mixed meter zone, playing the Dave Brubeck classic “Take Five”, she on piano, Gordie on Drums. Drum set was Gordie’s instrument of choice. They worked on “Take Five” all year and Gordie performed this at the clinic recital in the spring. There were no real developments in his use of voice.

In 2001, Gordie’s student therapist was not a strong musician and he seemed to tread water for the next year, developing stronger ties with recorded music...playing drums along with his father’s favourite rock and roll tunes and developing his own musical taste (heavy metal and grunge). I think the fact that his student therapist (a classical French horn player) was not a strong pianist or guitarist actually fostered this relationship between Gordie and recorded music. This led to a unique set of circumstances that developed into the Gordie who walked into the clinic in fall of 2002.

In September of 2002, a visibly different Gordie entered the clinic to meet his new therapist “Jane” (not her real name). Gordie seemed to have created a new identity for himself, I suspected, through and because of the music he had identified with. He lumbered into the”clinic in a hooded sweatshirt covering a shaved head. He wore baggy, low-rider jeans and red white and blue patent leather “Elvis” oxford shoes. He was noticeably verbal, but his verbal language consisted of ‘rock star’ quips such as “Hello, East Lansing”, “Last Song of the Night”, and “Thank YOU”. He delivered his well-rehearsed lines as if shouting them from the stage of a rock performance right arm held high to the crowd. He made straight for the drum set and shouted “1-2-3-4” and began to play a strong rock and roll rhythm. Jane, a very strong musician and improviser began playing along on the piano. The improvisation eventually worked its way to a tune...the Beach boys “Surfin USA”. This song became what Boxill calls the ‘contact song’. The lyrics’changed to welcome Gordie to music, required the student therapist to sing his name and required Gordie to sing Jane’s name.

Gordie would not sing, even in ‘Rock Star’ (as we came to call the persona and voice he developed). We had the idea to work with this persona and set him up on the drums with a boom microphone and a speaker/amp so that he could hear himself. Once he had the idea that he could be a rock star with a mic, he did begin to sing/speak into it and was eventually able to fill in Jane’s name at the right musical moment.

Jane had wonderful facility with the blues genre and wanted to expand Gordie into that area. She composed a blues tunes to serve as a goodbye song. This song also served as a requirement for Gordie to sing/speak Jane's name. In those early days, Gordie spoke Jane's name; he did not ascribe pitch to it.

Gordie was mostly non-verbal during the early sessions, something I had become used to over the years of observing his work. Jane orchestrated the transitions between musical activities. I was stunned when he began to request songs, in 'rock star'...as if he were announcing the next tune. "And now...Come Together... uh 1,2,3,4". At first, Jane felt as if she were functioning as Gordie's accompanist. There were those in group supervision who agreed with her. I felt differently about it. I thought that for the first time, Gordie was 'performing his identity, culture and preferences' (an idea that is developed deeply in Ruud's *Improvisation, Communication, and Culture*). In a way, he was creating a musical collage that represented his identity, his 'voice' in the world (which at that time, was a vicarious one) expressed through the voices of his favourite music. We had no clue about his preferences previously. I encouraged Jane to put her fears to the side for a while and follow Gordie to see where this all would go.

"If Gordie had his way, we would be playing rock and roll tunes all session"...I write in my supervisor's report toward the middle of November. I began to have the feeling that Gordie had interacted with Jane enough to communicate his preferences, but then slipped into 'his own world' again and was in fact using the music to limit his interaction with Jane...to keep her at arms length. I remembered something Alan Turry said in a Nordoff Robbins video with a musically gifted child...something like, "I want him to share that beautiful musical world he lives in". "Lets push him a little", I said to Jane.

We structured his sessions in a kind of Rondo form, beginning and ending with 'Surfin' hello' and 'goodbye blues', then alternating between drum set preferences and some other musical experience. Jane chose to open tune the guitar and teach Gordie to play with a slide. His great musical ability began to emerge. One listen would find him playing the blues progressions perfectly. They sang "Gordie B. Goode" (a take-off on Johnnie B. Goode). He would then dash back to the drums. She also set him up on bass xylophone playing "Lean on Me". Then back to drums. A strange thing happened when Gordie was NOT playing the drums. He started to sing in his own voice. Rock Star dropped away, a little at first, and then more and more of the song would be sung in a soft, breathy- on pitch tenor voice.

Anyone who really knows my work knows how strongly the subjective experience of the therapist directs practice. Sometime in January of this year, Jane came to me in a supervision meeting and said those famous words of transition and inspiration... "I'm bored!" I clapped my hands and said "Great! If you're bored, chances are he is too. Lets move on. Where do you think you'd like to go next with Gordie?" She did not really know and so I encouraged her to go back to clinical improvisation again, only this time, mixing it up a bit...creating frameworks with rhythmic and tonal difference that required Gordie to listen and respond...in the music...to Jane. In terms of Genre, I suggested she try a ballad that would require sensitivity and musical interpretation and creativity on Gordie's part. She had the idea to move him to the piano to experiment with free improvisation within a tonal framework. I suggested she keep track of the improvisations using Bruscia's *Improvisational Assessment Profiles*, just to see what Gordie's work could yield.

Gordie was not altogether pleased with this new arrangement. Once again, he could not wait to get back to the drum set, but something new emerged! Jane started asking him to choose between piano improv and guitar; or between piano and drums; between xylophone and piano. And Gordie began using words to state his preferences. Those words always seemed to be 'drums', but we could work with that. In addition, after a few feeble attempts at piano improv, Gordie seemed to get the idea and we were both astounded at how within a couple of chords, he could find the tonality and improvise sophisticated melody lines within the tonal frameworks Jane presented.

As for singing, more and more of Gordie's authentic voice emerged in the singing. He seems to have an unwavering sense of pitch and has a tender voice...not at all like the rough and tumble rock and roll voice he still used on occasion. One of the songs he sang beautifully was "Strawberry Fields": "*Living is easy with eyes closed...*"he sang in perfect pitch.

In April, Jane was bored again and, I think, so was Gordie. This client had an insatiable appetite for music and would master any new thing Jane brought to him within one or two tries. She had begun using a long improvisation right after the hello that mixed meters, tonality and emotional quality. I was thinking that with only one month to go, she could try some really new things, using the relationship she had established with Gordie to further activate his therapy. Why not really rocking his world (within limits of course). I suggested she switch the hello and goodbye, changing the words...requiring Gordie to adapt to change even more than he was already doing in the improvisations. And why not try vocal improvisation at the piano?

Switching the hello and goodbye got Gordie's attention quickly. For a guy who rarely made direct eye contact, his head snapped up and he caught Jane's eye, raised his eyebrows and dropping only one beat, went with the music. Shaking up his boundaries in this way and ensuring his survival in it all, seemed to set the tone for his stretching in other ways as well. He began to be very helpful in sessions. Holding Jane's guitar, setting up his own microphone, reading through the songbooks to choose his preferential tunes (we had never seen him read before this). And significantly, removing his hood when singing. Gordie's authentic voice was really emerging now and he sang Beatles' tunes in his own voice every session. His favourite was "Hey, Jude". One session in late April, with his family present with me behind the window, Gordie began to improvise vocally within "Hey Jude". He was improvising with his own voice...not in 'rock star'. It was a beautiful voice, clear, sweet and sensitive. I don't know how Jane maintained herself; we were in tears behind the glass. It went on for 8 minutes. "There he is...the real Gordie", I write in my notes, "Just listen to him! He is absolutely glorious". Jane took the opportunity to take the improv beyond the tune and set up the myxolydian mode on the piano and sure enough, Gordie continued to sing, improvising a beautiful melody for another 2 minutes or so. It was an important day.

Gordie made significant progress in his music therapy this year. He uncovered and expressed himself in his music. He heard and shared his own authentic voice. He adapted to change and developed flexibility and fluidity in both his music and in his life. He is still autistic, but his experiences with Jane in the music opened up a whole new world for him and motivated him to interact with it. It was a profound honour to witness this unfolding.

MTABC ANNUAL GENERAL MEETING
MARCH 30, 2003

Board Members Present: Chantal Jolly, Laura Cross, Celine Cassis, Sarah Sinclair, Don Hardy, Nancy McMaster, Kim Brame, Alpha Woodward

Music Therapy Community Present: Susan Baines, Birgit Giesser, Kirsten Davis, Rob Gill, Laurie Greenwood, Jodi MacKay, Liz Moffitt, Angela Neufeld, Lennie Tan, Melinda Van Hove, Wendy Watts, Katherine Wright, Charlene Dubrule, Laurel Parsons

Regrets: Ashley Tait, Susan Summers, Carolyn Wilson-Hoekstra, Kevin Kirkland, Sonia Landry, LaRee Mohr, Cheryl Beggs, Denise Douglas, Marie Slade, Allan Slade

1.0 Meeting Called to Order - 1:38 pm

2.0 Introduction of Board and Committee members and guests

3.0 Approval of Agenda - Don Hardy/Nancy McMaster
- CARRIED

4.0 Approval of Minutes from AGM on March 3, 2002 as published in the Spring 2002 Drumbeat - Don Hardy/Wendy Watts
- CARRIED

5.0 Business Arising from the March 3, 2002 AGM minutes:

5.1 Hiring Guidelines: A minimum rate recommended to employers is adhered to when posting jobs. The jobs chairperson will not post a job for below that rate or for a "student rate." Discussion was held recommending that the jobs person should track all job requests coming in (including rate) for job site history purposes.

Action: Will be discussed at the next board meeting.

5.2 Weaselpalooza 2002: A fundraiser last year that brought in approximately \$10,000 to the Trust Fund for use in BC. Another fundraiser was also held last year in the form of a motorcycle ride to Whistler. Funds from this event were also designated for BC.

5.3 Continuing Education: It is difficult for those MT's who reside outside the lower mainland to access educational workshops and training sessions. This year MTABC intends to hold workshops in the Interior and on the Island.

5.4 Anniversary Celebration: This event was well attended and very successful. Chantal thanks all of those who contributed to make this event so special.

6.0 Approval of the Annual Reports

6.1 Approval of the 2002 Annual Reports: Laurie Greenwood/Liz Moffit- CARRIED

Note: an error in the Ethic Chairperson's submission. Alpha commenced this portfolio on Oct 2002 and not Oct 2003 as printed.

6.2 Approval of the 2002 Financial Statements: Sarah Sinclair/Kim Brame - CARRIED

Discussion was held regarding the funds spent on postage. There was an approximate \$1100 difference noted in the budgeted amount from the actual amount spent. A reason for this overage was speculated due to a larger Drumbeat and a larger membership. Jodi reminded the board that the Drumbeat should be a maximum of 24 pages to keep postage under control. Discussion also came around encouraging more advertising in the Drumbeat from within the MT community as well as outside.

Action: This issue will be revisited at the next board meeting.

7.0 New Business

7.1 Announcements:

- a) The 2003 CAMT conference is in May. MTABC presenters include Chantal Jolly, Nancy McMaster, Heather Mohan, Linda Dessau, Liz Moffitt, Alpha Woodward and Katherine Wright.
- b) Upcoming concert called "Soothe the Soul" on May 10, 2003 sponsored by Diamond Heart. The purpose is to raise funds for the BC Hospice Palliative Care Association.
- c) Diamond Heart is also sponsoring an event on sound and healing on May 3, 2003 by Dr. Emoto. Nancy wants to flag this topic of sound healing and the crossover into the field of music therapy. To be discussed ongoing in the future.

7.2 Visions and plans for the 2003-04 year:

- a) Susan is still working hard on the HPA regulation. Some delays have occurred and the process is taking longer than anticipated.
- b) Workshops – there are 4 workshops planned for this upcoming year. Some topics will be proposal writing and public speaking. Topics will be determined based on the Survey results and any other ideas submitted.
- c) Membership – This chairperson will be streamlining the membership form for a more efficient process.
- d) Jobs – As previously discussed, it is important to maintain standard wages. In addition, Don suggested that MT's occasionally increase their rates to compensate for cost of living increases (such as gas prices). Be aware of filing taxes as a self-employed MT. Know what you can and cannot deduct. Hiring an accountant is wise.
- e) Public Relations – Kim is looking for where there is a need for promotional videos, i.e., what populations are in the most need for such a video. Kim will be creating display board packages tailored for different populations such as geriatrics, children, palliative, mental health etc.

8.0 Elections

8.1 Resignations of board and committee members: Celine Cassis, Sarah Sinclair, Marie Slade and Sonia Landry have all stepped down. Chantal thanked them for their time and contributions to the profession.

8.2 Appointment of New board Members:

Treasurer – Angela Neufeld (appointed one week after AGM)

Vice-President – Ashley Tait

Membership – Rob Gill

Awareness & Advocacy – Wendy Watts (appointed one week after AGM)

All other board members stand in their current positions.

9.0 Discussion

- a) Liz Moffitt gave all board members a big thank you for all of the hard work and contribution to the profession.
- b) Birgit Gieser inquired about a charitable status number for foundation grants. It is not feasible for MTABC to obtain. However, it was recommended for Birgit to call our Trust Fund representative, Jeff Hatcher, to get information on this being a possibility for the Trust Fund.
- c) Fran Herman is presenting at Sunny Hill Hospital on Thurs, April 10th at noon

Meeting Adjourned 3:05 pm

Respectfully Submitted,
Laura Cross, MTA
Secretary

MTABC Board, Committees, Contacts

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President (Chantal Jolly) president@mtabc.com
Past-President (Susan Summers) p-pres@mtabc.com
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Member at large (Nancy McMaster) nancy@mtabc.com
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Region 5* (Kevin Davey) ksdav@shaw.ca
Region 6* (vacant)

* Denotes a non-board position

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