

THE DRUMBEAT

A QUARTERLY NEWSLETTER FOR THE MUSIC THERAPY ASSOCIATION OF BRITISH COLUMBIA

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Beauty

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Renew Yourse



It's time to renew your membership with MTABC and now it's quick and easy online and you can use Paypal to process it. Or, if you'd rather do it the old-fashioned way, you can save the .pdf file and then print it and send it in! Rob Gill, our membership chair, and Allan Slade, webmaster, have created a masterpiece. Check it out!

<http://www.mtabc.com/Membership.html#Membership>

President's Message

Chantal Jolly, MMT, MTA
president@mtabc.com

Hello, music therapy people!

I hope the turn of the season as we branch into the dark part of the year brings you sweet dreams and all the shades of autumn. This has always been my favourite time of year, a time of reflection and spending time amidst the changing colours and freshness in the air. Each day presents a different picture of the world, seemingly more beautiful than the day before.

This issue is on the topic of beauty. I can think of no finer topic that fits with our profession. Moments of beauty abound in my own practice, and I'm sure in all of yours. I look forward to reading all of the thoughts and tales of beauty in the pages that follow.

As we approach winter, we also are heading toward a new year, and the onset of a changing board with the usual turnover that happens in March. We are looking to fill a few of our positions – for the first time in several years, we have had a full board, but some must move on. Some due to beautiful circumstances – falling in love, having babies – and others because they have to share their gifts elsewhere after their generous donations of time and energy to service on the board.

Our journey towards HPA Regulation is steaming ahead, as you will read about in this issue. Our growth and change as a profession continues and exciting times are ahead. We have the continued goal of offering workshops of interest to our music therapy community. We have had some hurdles to overcome, but stay tuned to your email for upcoming events.

All the best to you and yours as we get closer to the holiday season and the new year. Consider whether you might have some extra gifts of time and energy to donate to the board as it transitions again!

Blessings,
Chantal

A Workplace Full of Beauty

Chantal Jolly, MMT, MTA

Beauty...so easy to talk about with respect to our profession as music therapists. For myself, in particular, I'm finding so much beauty in my work, I'm about ready to explode! In particular, my work at Crossroads Hospice leaves me with such a sense of fulfillment. As many of you know, we have built the first free standing hospice in the Lower Mainland. It is filled with so much love and beauty that people feel it as they first step off the elevator into what we call "the Great room." I should mention that this project was a total effort of heart, with many members of the local community contributing and making donations. Our board and staff are incredibly heartfelt, loving people. Each of the ten private rooms was decorated and designed by its own individual designer, so each room is completely different. Rich, calming, beautiful colours were used to make this a beautiful place to spend one's last days, and the generosity of the community was and is unfathomable.

I add to the environment and care by providing music therapy. And in each interaction with each individual and family, I find beauty. So often, I have tears in my eyes as I share the essence of these beautiful beings with whom I am honoured to share music at this very special time of life. I receive the gift of their openness, their presence as I give them the gifts of music and my presence. Many have spoken of the presence of "angels" in the time shared with people in this place, and this is a beautiful feeling.

I see the beauty of eyes meeting, hands held, grown macho men holding and caring for their loved ones so tenderly and lovingly. I see love in its purest, rawest form. And I see music being the container for this. Tears often come with the first strain of music; deep lines of pain relax and soften. special music carries its meaning right up until that moment and beyond.

I have also had the privilege of playing at many funerals and memorials, and the beauty in these celebrations of life is overwhelming at times. Hearing stories of people's journeys, and all the beautiful moments in their life is awe-inspiring. And it is uncanny how the music directly reflects aspects of their journey, and the sentiments of those left behind. And how it adds beauty to these rituals.

All I can say is that my work has led me to experience beauty everyday. It is deep and meaningful, full of rich images and colour, full of love and hope, and it fills me to my depths.

Job Postings Procedure: Progress Note

Chantal Jolly, MMT, MTA

Hello all. As you may recall, a few months ago we implemented a new job posting policy that strictly enforced our hiring guidelines. As promised, here is a review of the subsequent effects of that policy. We have had on average 7 to 9 postings per month that have met or exceeded our recommended guidelines and hence were posted. Four employers were turned away: 1 that initiated the policy, as there were ethical concerns as well; 1 that was for a locum of 2 months; and 2 that were offering less than they were 1 year ago, and considerably under our guidelines. Letters are being prepared for all of these facilities, explaining the value of music therapy and encouraging them to meet the standards of our professional organization.

We have welcomed and encouraged feedback about this policy, and have only heard positive responses thus far from our general membership. If you have concerns or questions, or more positive feedback, please feel free to email us at president@mtabc.com or jobs@mtabc.com. We'd love to hear from you.

HPA & the Task Group for Counsellor Certification: Update

Susan Summers, MMT, MTA
MTABC representative to the Task Group

At long last, there seems to be real movement forward in our bid for becoming regulated under the umbrella of the Health Professions Act of BC. Representatives from the Task Group met with government officials from the Ministry of Children and Families, Minister of Health and representatives from the College of Social Work in September, 2003. The Ministry for Children and Family Development (MCFD) no longer objects to the designation of counselling as a health profession under the Health Professions Act.

George Bryce, lawyer for the Task group, states in a recent communication to the members of the Task Group: "Alan Moyes has advised us that he will be arranging for the Ministry of Health Planning (MHP) to receive formal written confirmation from the Minister or Deputy Minister at MCFD authorizing MHP to proceed. Once MHP has that letter in hand, he will begin the process of briefing Minister Hawkins on this file and seeking direction from her. He cautioned that Minister Hawkins could make no formal announcement until she has obtained approval in principle from Cabinet to proceed."

It is not known at this point whether the Cabinet will put this item on their agenda in this fall sitting of the Cabinet, or whether it will be next spring, but it is looking like we are closer than we've ever been to our goal of professional regulation and title protection. Minister Hawkins is aware of the support of the Task Group to have this go forward as soon as possible. Keep posted to the upcoming Drumbeats or call Susan for further information or clarification.

Order is the shape upon which beauty depends. Pearl Buck (1892 - 1973).

Songs about Beauty

America the Beautiful
Anorexic Beauty (by "Pulp")
Beautiful Brown Eyes
Beautiful Dreamer
Beautiful Isle of Somewhere
Beautiful Ohio
Beauty and the beast
By the Beautiful Sea
For the beauty of the earth
God who touchest earth with beauty
The beautiful people (by Marilyn Manson)
The most beautiful girl in the world
Oh, you beautiful doll
You are beautiful
You must have been a beautiful baby

*Think of all the beauty still
left around you and be
happy.* Anne Frank (1929 -
1945), Diary of a Young
Girl, 1952.

Next Drumbeat theme: *Trauma*
January 30, 2004

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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/>

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CONCERT!

Who: The Music Therapy Student Association of Capilano College

What: THE HEALING POWER OF MUSIC

A fundraising Concert to raise awareness about the benefits of Music Therapy

Where: Capilano College Performing Arts Theatre
2055 Purcell Way
North Vancouver

When: Friday, February 13, 2004 (a perfect Valentine's Day gift!!)
Doors open at 6:30 PM. Concert starts at 7:30 PM

Why: Proceeds will go to the Music Therapy Student Association to assist in many possible ventures:

- Set up scholarships
- Hold workshops
- Purchase equipment for the program

How: \$15.00 adults
\$10.00 students/seniors
Children 6 and under free
Available at the door (rush seating)
Call 604-671-8243 to reserve a ticket (no credit cards, sorry)

IF ANY MUSIC THERAPISTS HAVE A GROUP THAT WOULD LIKE TO APPEAR IN OUR CONCERT, PLEASE CALL THE ABOVE NUMBER AND TALK TO CARLA RUGG. WE HAVE 2-3 SPACES AVAILABLE.



via. Original artwork by Vlasta Drobny



Beauty

Don Hardy, MTA
jobs@mtabc.com

Beauty is a term seldom bandied about during job negotiation, but the term recently sprang to mind, in a “Wayne’s World” kind of way with two prospective”employers. I say prospective, because one was trying to offer the same job for less money than they paid two years ago. Such is the beauty of computers - I looked at their file from the last time they posted the position. The second tried to use the “you’re doing a job you love” line.

I wonder why some employers think that negotiation is synonymous with concession. In the first case, they asked if the \$40 per hour recommended minimum was negotiable. I responded that MTABC could put the job out at \$40 - 60 per hour, and they could negotiate with the applicants, perhaps offering something (benefits?) that would make a lower salary attractive. Their response was that they were offering a job. Period. They are “getting back to me” on whether they want to advertise through MTABC. And there’s where the strength of numbers comes in. When we stand together, we know what the minimum standard is. They DON’T want us to advertise, they’d rather use the newspaper and pick off someone from the back of the herd. Beauty man!

In the second case, the job had been advertised nationally, and I sent my resume in to “test the waters.” I had been short-listed immediately, and if a competitive professional salary been forthcoming, I would have been very interested. Instead, I was offered considerably less than I currently make, without a benefit package as additional compensation. The employer’s logic was that my resume indicated that I really enjoyed my work. I do, but I also have a mortgage, eat, etc. Beauty man!

I know there is always justification for working below an agreed upon scale. It’s part of the mad rush to the bottom, and drags everyone else along with it. There’s always that temptation to accept something just slightly less than we should make. I’ve heard every excuse under the sun for doing it, have used most (all?) of them myself in my youth, and may have invented one or two of the more eloquent ones. (My favourite is the concept of Guerrilla music. Don’t ask.) Although it is always presented as such, it is seldom really a question of money, but rather a prioritization of resources. It’s amazing that executive compensation never hits the down button on the employment elevator. Something about “the need to attract the best.” I’m still trying to put together the concepts of loving what I do, being the best at it, and lower wage offers. Beauty man!

This is one of the benefits of MTABC membership; staying current on the value of our work. I’m not talking intrinsic, but rather financial value. If we are picked off individually, we are more vulnerable to the whims of employers. If we stick together, we are more likely to be in a position to receive fair wages. So, this month, we have to decide again where we stand - MTABC members or not. Compared to other associations to which I belong, it’s cheap. The benefits are not always visible, but they are always there. And that’s the beauty of it.

Inherent in Music Therapy: Beauty

Jennifer James Nicol, Ph.D., MTA

When I noted the theme of this newsletter, I immediately flashed back in time to my final year in Wilfrid Laurier's then brand-new music therapy program. Dr. Fischer had asked each of us to draft a statement of personal philosophy, which I probably dashed off in a n afternoon. Yet as I now re-view this original "draft," I'm struck by how much I then knew and grasped without having much experience and knowledge to "really" know perhaps much of anything. What I wrote 15 years ago was:

MY PHILOSOPHY OF MUSIC THERAPY

The music therapist is an artist and a professor "helper." She uses an unique art form to reach therapeutic goals with a variety of clients of diverse needs and capabilities. There are many elements in music that justify using the descriptive "unique." Music is not tangible or fixed in space, yet it has concreteness. Music moves in time and through time. Music creates tension and resolves it, suggests feelings and thoughts, evokes memories. One can listen to music, perform music, improvise or create music, and move to music. These characteristic features are unique to music and it is this uniqueness that gives music universality. Music is a part of all life.

This is my beginning premise for working as a music therapist. All people have a personal relationship with music. Once a person opens himself to this mode of intervention, then I believe the disciplines can operate without limitations. In part, this is due to music's ability to operate in different capacities. Music lends itself to cognitive processes, emotional responses, learning tasks, and behavioral modification to list just a few possibilities. But beyond this, I believe the beauty of music therapy lies in its ability to nurture aesthetic, creative needs that in turn foster personal growth and self actualization, regardless of how the music experience is being used. I agree with Gaston's assertion that all human have an inborn need for aesthetic expression and experience. And this is a gift I will always give to my clients as it is inherent in the process of music therapy.

There is power in music because it operates at a non-verbal level that can bypass cognition. Yet music therapy relies upon more than these "magic" qualities. Music only becomes therapy when it is used in a meaningful and purposeful manner by trained professionals. Music provides the working substance, which the therapist carefully crafts to meet each individual situation. The ability to do this arises from a novel blend of musicality, book knowledge, experience, logic, and intuition.

(cont.)

Finally, a music therapist has several responsibilities. There is the responsibility to preserve a respect for music and its beauty as a driving ideal, regardless of the working situation. The next responsibility is to the client and the maintenance of their dignity as well as an overriding concern to aid them in maximizing their potential. Lastly, there is a responsibility to the profession in maintaining professionalism, high standards, and ethical actions. As a young and blossoming field, music therapy depends on this last point for its establishment and acceptance by other professionals.

Still only a student, I knew that beauty was intrinsic to our profession and its practice. Even then, I recognized the beauty that would be mine to play with and share as I entered this special profession. Thank you Dr. Fischer for manifesting a beauty of your own that lives on in each of your students, and thank you to all my very first “colleagues”—Carole, Carolyn, Laurie, Leanne, Noreen, Shauna, Shelley—who travelled with me into the world of music therapy.

Music therapy and anxiety following surgery

It is well known that many patients become stressed and anxious prior to and after surgery. However, a report last year indicated that one means of helping reduce anxiety in patients is to incorporate music in the Surgical Holding Area. In the study, one group of patients listened to music while a second group did not. The researchers observed that patients who listened to music while in the Surgical Holding Area had significantly less stress and anxiety than did those who did not listen to music. Both groups spent similar lengths of time in the Surgical Holding Area. The researchers concluded that the “results strongly suggest that if music were available to all patients in the Surgical Holding Area, most would select this option, and they would experience less anxiety.”

A comparison of music therapy and jaw relaxation on postoperative pain

An experimental study conducted at the Case Western Reserve University, Cleveland, compared the effects of jaw relaxation and music, individually and combined, on sensory and affective pain following surgery. Eighty four patients who had undergone abdominal surgery were randomly assigned to four groups: relaxation, music, a combination of relaxation and music, and control. Interventions were taught to the patients before their operations and used by them as soon as they were awake and able to move following surgery. Indicators of the sensory component of pain were sensation and the patients’ requirement for analgesic medications over a twenty four hour period. Whilst the researchers observed that none of the interventions were effective at reducing pain, during the first movement following surgery, after keeping the taped interventions for two postoperative days, 89% of the patients reported them helpful for alleviation of the sensation and distress of pain.

Good, M. *A comparison of the effects of jaw relaxation and music on postoperative pain.* Nursing Research Jan-Feb 1995, 44 (1) pp.52-7

Call for Nominations

for board and committee members for upcoming MTABC year

Susan Summers, MMT, MTA

ssummers@capcollege.bc.ca

As of November 5, I have resigned from the board of MTABC.

One of my last duties as Past President is to put out the call for nominations that seeks to fill the upcoming vacancies in the board and committee members for the upcoming year after the next Annual General Meeting on March 28, 2004. Please be apprised of the many changes to the upcoming board and committees of MTABC. Board member changes are as follows:

Resignations as of November 5, 2003:

Susan Summers as Past President

Wendy Watts as Advocacy and Awareness chairperson

Resignations as of March 28, 2004:

Chantal Jolly as President (she will be moving to the position of Past President)

Ashley Tait as Vice-President (he has accepted a nomination for President)

Laura Cross as Secretary

Angela Neufeld as Treasurer

Alpha Woodward as Ethics chairperson

The following committee members will resign from these positions as of March 28 AGM:

Cheryl Beggs and Julie Armitage as regional reps for region 4

Kevin Davey as regional rep for region 5

Gloria Puurveen as phone line correspondent

Appreciation and thanks to the following board who will be serving another one-year term in their present portfolio:

Rob Gill as membership chairperson

Don Hardy as jobs chairperson

Kim Brame as public relations chairperson

Nancy McMaster as member at large and accreditation support

Carolyn Hoeckstra as Continuing Education/Professional Development chairperson

Appreciation and thanks to the following committee members who are continuing in their present portfolios:

Denise Douglas as sales chairperson and region 3 representative

Kevin Kirkland as Drumbeat editor/publisher, sales liaison and HPA liaison for OTP

Allan Slade as webmaster

Ching Muego as region 1 representative

Kirsten Davis as region 2 representative

Susan Summers as HPA representative, accreditation support and Drumbeat archivist

Thanks to Charlene Chisholm who has agreed to be regional representative for region 4 – welcome!

Nominations...

If you would like to nominate someone for a positions or volunteer your own name as a nominee for President, Secretary, Treasurer, Ethics, Advocacy & Awareness, Phone Line Correspondent, or Region 5 Representative, please let Chantal or Ashley know prior to the March 28 AGM. Contact: president@mtabc.com or vice-president@mtabc.com

Job descriptions for the vacant board positions: all must be MTA

President: oversees/coordinates the business of the association and ensures that board and committee members function responsibly and are accountable; is ex-officio member of all board portfolios and committees but directly oversees designated board and committee portfolios; appoints committee members and board members when necessary (with approval of the Board of Directors); represents MTABC at all official functions (Capilano College Foundation awards, MTSA wine and cheese information sharing evening, CAMT conference, etc.); represents the interests of BC music therapists to CAMT and Capilano College; chairs board meetings and AGM; submits reports to Drumbeat and CAMT newsletters as required; responds to communication and correspondence as required; is co-signing authority with the banks.

Vice-President: in preparation to become President, oversees certain board and committee portfolios and communicates with President on an ongoing basis; arranges annual general meeting and board meetings; helps to update board manual; acts for president when president is unavailable or unable to carry out his/her responsibilities.

Secretary: responsible for taking minutes and distributing them to board members for board meetings plus AGM; sends out the grad kits in the spring; organizes and files correspondence and MTABC material in the cabinet; organizes/collects the AGM reports; helps update the board manual on a continual basis.

Treasurer: is responsible for all financial affairs of the association; establishes budgets, keeps financial reports and submits reports for board meetings and annual general meeting; is co-signing authority with bank; handles Mastercard and Visa accounts; is responsible for overseeing MTABC's investments.

Ethics: is responsible for inviting an ethics committee to assist in dealing with ethical situations as they arise; provides education to members regarding ethics through articles in the Drumbeat and through workshops.

Advocacy and Awareness: This position investigates and arranges opportunities for increasing public awareness of music therapy. Research into organizations, facilities, and individuals that would benefit from music therapy would be explored. The A & A chair organizes individual music therapists to make presentations or workshops at these places. The A & A chair explores opportunities for advocating for music therapy by MTABC, and possibilities for partnerships with others who would be appropriate to advocate for music therapy.



Nominations...

Job descriptions for the vacant committee positions: need not be MTA

Regional rep for region 5: represents the music therapists' and their concerns in the region of the Fraser Valley; is in communication with the President, calls at least one regional meeting throughout the year; submits annual report when requested.

Phone line correspondent: responds to our MTABC phone line daily; forwards information and calls to appropriate MTABC board members and members via yahoogroups.

Association Health and Dental Plan

There is now a Health and Dental Benefits Plan available for small businesses like most of us represent. We all deserve some peace of mind when it comes to supplementary health insurance. Liberty Health, a major health provider in Canada, offers us 4 specially designed plans for entrepreneurs and our family members as well as employees who are not eligible for typical group benefits. The premiums are *affordable and competitive, flexible (4 choices) and portable* (if you leave the MTABC, you can take your plan with you). In addition, 4% of all premiums collected by the insurer go back to our Association as reimbursement. Since premium payments are treated as medical expenses under the Income Tax Act, there's the potential for a tax credit to self-employed and unincorporated individuals.

How affordable is it?

A single adult under age 44 can receive comprehensive health care coverage for as little as \$35.60* per month. Health and Dental Plans from Liberty Health include coverage for:

* Prescription Drugs * Medical Equipment and Supplies * Dental Care * Ambulance * Vision Care and air * Registered Specialists and * Accidental Death and Therapists Dismemberment * Home Care and Nursing * Hearing Aids and much more (check the enclosed booklet).

Enrolment is easy!!! If you are a resident of Canada and covered under the provincial medical plan in your province of residence, you are eligible (any province). Simply complete the application included and mail it with the attached envelope. Your coverage will become effective on the first of the month following approval of your application.

For questions, please call:

Liberty Health Assurance Company Office: 1-877-268-3763 (Mary). Broker Name: Rolf A.Brühlhart:
rbrulhart@hotmail.com Pager: 604-601-0070 ~ Fax: 604-224-4381.



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

Renew Yourself!

It's time to renew your membership with MTABC and now it's quick and easy online and you can use Paypal to process it. Or, if you'd rather do it the old-fashioned way, you can save the .pdf file and then print it and send it in! Rob Gill, our membership chair, and Allan Slade, webmaster, have created a masterpiece. Check it out!

[http://www.mtabc.com/
Membership.html#Membership](http://www.mtabc.com/Membership.html#Membership)

Voice Lessons and Clinical Supervision

Wanting some vocal coaching? Wanting to find out new ways of incorporating other kinds of vocal improv into your clinical practise? Ever wanted to take voice lessons and improve your technique so that singing feels easy and safe? Feeling like you need some motivation in your work, need to take new directions or have some supervision in your current practise?

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 604-872-8140 or
ssummers@capcollege.bc.ca for further information.

Upcoming Events

February 6-7, 2004: Social Skills Workshop with Dr. Michael Powers. Hilton Vancouver Airport Hotel, Richmond. Sponsored by Pacific Coast Foundation for Autism and Related Orders. For registration details phone: 780-474-8355 or email: wendy.casdc@shaw.ca. The price for the conference is: \$325 plus GST before Dec. 31 and \$375 plus GST after; there is a parent rate but no student rate listed.

May 6-8, 2004: Music Therapy in the Spirit of Community: The 30th Canadian national conference for the Canadian Association for Music Therapy in Perth, ON. The theme reflects an interest in exploring the spirit of the many elements of community – at home, in our field, between our field and others, within and between our facilities, within the field of music and between ourselves. Clive Robbins will present the primary keynote address. The call for papers is at www.musictherapy.ca. For more information call 1-800-448-7459.

June 25-27, 2004: Vancouver Trauma Conference - Treatment of PTSD and Complex PTSD: Research and Practical Applications. <http://www3.telus.net/trauma/Conference2.html>



That's "Hanukkah" in Hebrew!

Hanukkah, which means "dedication" and is also referred to as "The Festival of Lights", is a Jewish festival which begins on the Hebrew date of the 25th of Kislev and lasts eight days, through the 2nd of Tevet. This year, that corresponds to November 30th through December 7th. Hanukkah commemorates the victory of the Maccabees (led by Judah) over the Hellenistic Syrians in a revolt that took place around 165 BCE (note: Jews use BCE—Before the Common Era and CE—the Common Era instead of BC and AD).

The victory in itself was considered a miracle, but Jewish legend gives an additional explanation for Hanukkah rituals, explained below. Once the Temple Mount in Jerusalem had been reclaimed, the Temple had to be rededicated. According to legend, only one jar of sacramental oil was found, enough for one day. Miraculously, the oil burned for eight days, thus the eight days of Hanukkah.

The most important Hanukkah ritual is the candle lighting. Jews light candles in a special candleholder called a "menorah" or a "hanukkiah". Each night, one more candle is added. The middle candle, called the "shamash", is used to light each of the other candles and it is lit every night. Therefore, on the first night of Hanukkah, two candles are lit (the shamash and the candle for the first night) and on the last night, there are nine lit candles.

Source: <http://www.geocities.com/Heartland/Prairie/5493/hanuka.html>

When I'm working on a problem, I never think about beauty. I think only how to solve the problem. But when I have finished, if the solution is not beautiful, I know it is wrong. R. Buckminster Fuller (1895 - 1983).

Capilano College Instructor Needed

The Bachelor of Music Therapy program at Capilano College is searching for an instructor for a half course position for MT 370 – Disabling Conditions of Childhood. The course runs Friday mornings from January 16th to about February 27th. Position requirements include: Master's Degree, MTA, minimum 5 years of experience working in clinical Music Therapy with children, and teaching experience with adults preferred. Interested applicants can submit a cover letter and their resume to: John Potts, Dean, Capilano College, 2055 Purcell Way, North Vancouver, BC. V7J 3H5 by the deadline of November 26, 2003. Applications will be accepted by fax at 604-984-1743. Questions about the position or curriculum can be directed to Stephen Williams, Program Director, at 604-986-1911 local 2307 or mtherapy@capcollege.bc.ca.

I Return to Music: A Concert of Note

Kathryn Nicholson, music therapist at the BC Cancer Agency, and Ed Henderson, musician and producer, put together a wonderful benefit concert on Saturday, November 1st at the Stanley Theatre. The concert was in support of patient comfort and care at the BC Cancer Agency. Featuring Kathryn's three talented children, (Maureen, Allan and Scott) Sharon Ong and a wonderful professional band (Miles Black, Pepe Danza, Rene Worst, Ed Henderson, Cam Wilson) the concert was a delightful mixture of musical genres, heartwarming moments, laughter, tears and "warm fuzzies". The pre-calculated "encore" featured the dragon boaters, "Abreast in a Boat" who came on stage with their bright pink T-shirts to sing Garth Brooks "The Dance" – a wonderful, inspiring moment. Congratulations, Kathryn, on a job well done and for once again bringing the awareness of the healing power of music to so many people!



A Beautiful Profession

Laura Cross, MTA

I was inspired to write in this Drumbeat issue because of its theme: Beauty. As my career has progressed over the last few years, I have discovered that beauty is an invisible thread that connects both the client and music therapist. We often experience our clients sharing their hearts, minds, souls, emotions and intellect. At times this process excites me, saddens me, humbles me, angers me, scares me, teaches me, challenges me.... yet I find it fulfilling beyond belief. This fulfillment is a source of beauty in my life.

I think that the magnitude of beauty experienced is a result of knowing its “opposite”. During our work, we see, feel, hear, touch and even smell many opposites of beauty – sadness, loss, grief, sick bodies, disabled bodies, demented minds to name a few. We see the “ugly” of many people’s lives. As music therapists we help clients process the “ugly” part of their lives”– and sometimes this journey, no matter how difficult it may seem, has a beautiful component to it. I believe this journey is a source of realization and therefore the source of beauty in the client’s life.

Here are some examples of recent beautiful music therapy moments of mine (names are not real):

- A little girl with severe global delays, who has “ignored” me for over a year of music therapy sessions, shuffles over to me and kisses my hand.
- Ann is 50 years old with MS in terrible condition with pneumonia, barely able to talk or breathe. She has her chest pounded by the physiotherapist to the beat of “La Bamba”. Ann even manages to sing a few “Bambas” with me.
- Laurie is a 41-year-old end stage MS patient who cries and smiles at the same time when I play for her. She can barely speak, but manages to sing “sha la la” to “Brown Eyed Girl”. Her mother watches and cries most of the session.
- A 70-year-old lady with dementia states after a group “Hey, this is the first time I can sing without been told to shut up! Thank you!”
- A room full of hearing-impaired preschool children played “Shalom” on tone bars with lights low and with candles lit. The hushed feeling in the air was indescribable. Finally I whispered to the children, “this is BEAU-TI-FUL”. That was their new word for the day.
- John, a brain damaged pre-teen boy expressed frustration with teasing at school. He and I then had a dialogue on the drums (very loud at times). By the end, he played on his drum with a giant smile “OK, I’ll go back to school tomorrow.”

Thanks for letting me share a snippet of my life in music therapy. Yes, I would say that music therapy in itself is a beautiful profession!

Some governmental goings-on: let's share our information

Susan Summers, MMT, MTA

As some of you know, I have been actively involved in the Health Sciences Association for the past six or seven years as chief steward at St. Michael's Centre. One of my main goals in being involved in the HSA union is to learn more about how the labour relations industry works – in order to share information for the benefit of music therapists in BC. At a recent regional meeting, there were some interesting facts shared, which I thought might be useful for MTABC members to take note of. I would also invite others who are aware of government trends and happenings to write into the Drumbeat. The more we all know about how the health care and education climate works in BC right now, the more informed and pro-active we can all be at our work sites and in our jobs.

1. It was reported that there has been a recent moratorium from the federal government to freeze what is termed “credential creep” i.e. the trend that exists in professions to have the academic requirements continually being upgraded (from a diploma to a bachelor's degree to a master's degree, etc.). There will be a six month review to find out who has the jurisdiction on upgrading professional standards: the professional association or the Colleges? (for example, the College of Occupational Therapy).
2. All public sector union's collective agreements expire next spring and the employers and unions are starting to sit down to begin the negotiating process. You may have read in the newspapers that the BCGEU has settled ahead of time to extend the existing contract for an additional two years (at wage increase of 0-0-0) in exchange for job security). Some chapters of HEU have struck private agreements with their individual employers which rolls back wages and benefits in exchange for job security. Many chapters have “decertified” (i.e. cancelled their affiliation with a union) in exchange for job security at their individual site. This means they agree to have no affiliation to the unions and thus lose their collective agreement rights for wages, benefits, portability, etc.
3. To give employers more freedom to use contracting out, the Liberal government passed Bill 29 in 2001. Recently, support staff (laundry, housekeeping and dietary) at many hospitals and facilities are being contracted out to private companies at less than half of the unionized salary. It is felt that direct patient staff such as therapists could be next. The impact of this could be to reduce the minimal number of unionized music therapists and encourage more use of “fee for service”, contracts, etc. Already, many paramedical and health care professionals have lost their jobs in downsizing and cutbacks, including a few HSA music therapists.
4. Each union uses various strategies to try and make the existing government accountable for their pre-election promises and also to maintain the services to the public that have been hard-fought-for over decades. Some unions use confrontation as a main approach; others use cooperation and dialogue. Increasingly, one strategy being used to fight for protection of public Medicare is taking the Liberal government to court (such as the international labour court or BC courts). Recently, the board of St. Mary's Hospital has adopted this approach, as they felt the Liberal government breached their contract by closing St. Mary's.

5. There is a disturbing trend happening in some hospitals and health care facilities that is also being fuelled by the employers and Bill 29. Professional-trained therapists with four year degrees are being eliminated and lesser-trained “assistants” are replacing them. For instance, occupational therapists and physiotherapists (trained at a bachelor’s degree level) are being laid off while rehab assistants (a nine month course) are being hired to replace them; trained recreation therapists (two year diploma or four year degree course) are being laid off and being replaced by either untrained or lesser-trained activity aides (sometimes with a six month course). There seems to be a trend in some places of laying off RN’s (registered nurses usually have 3-4 years of training) and hiring LPN’s (licensed practical nurses have one year of training).

Do you know there is such a thing as a “music practitioner”? Apparently there are training courses in the US and one here in BC, as well. They are hired in hospitals to play music for the patients in what seems to be a similar capacity as music therapists. There are also “healing harps” workshops for harpists to play for palliative patients. Recently, I heard of a weekend workshop in New York City that offered musicians training to go into medical facilities in the New York area and play music, focusing on the medical needs of the patients there. At the moment, AMTA is looking into this training program to see if it meets any kind of professional standards or whether it replaces music therapists at a lower wage or in a volunteer capacity.

What else is going on in your area of the job market? Write in what you know. Let’s share information so that the board can advocate and create policy decisions from a well-informed place.



It is cruel, you know, that music should be so beautiful. It has the beauty of loneliness and of pain: of strength and freedom. The beauty of disappointment and never-satisfied love. The cruel beauty of nature, and everlasting beauty of monotony. Benjamin Britten, 1913-1976, British Composer.

A person should hear a little music, read a little poetry, and see a fine picture every day in life, in order that worldly cares may not obliterate the sense of the beautiful which God has implanted in the human soul. Goethe.

A poet is an unhappy being whose heart is torn by secret sufferings, but whose lips are so strangely formed that when the sighs and the cries escape them, they sound like beautiful music . . . and then people crowd about the poet and say to him: “Sing for us soon again;” that is as much as to say, “May new sufferings torment your soul.” Soren Kierkegaard.

Winnipeg seminar

Don Hardy, MTA

I presented a seminar for teaching assistants and teachers at Gordon Bell High School in Winnipeg on October 17. (As a bonus, there were no mosquitos or snow for duration of my stay.) It was a hands on, this is what music therapy can do, presentation that also involved about 30 special needs students. The reaction from staff was excellent. Winnipeg School District 1 has one music therapist consultant (staff position) who services all of the elementary schools in that district. My presentation was with secondary special needs students, some of whom are in choir programs at the school. Hopefully, enough interest was created that an expansion of services will occur. The interest in secondary education services is currently a growing area of music therapy practise.

Michigan Presentation

Kevin Kirkland, PhD Candidate, MTA

In late September Howard McIlveen and I presented for two days in Grand Rapids, Michigan for a Dutch Reformed Church organizations that runs several types of nursing homes and facilities in the area. Day one involved presentations based on spirituality in both the religious and broad sense of the word, and of course music played an integral part in it. Day two involved a presentation to staff at an extended care facility along with a demonstration with actual residents of how a group might go when using our text, Full Circle. I was very impressed at the extent of their dedication to the care of the elderly. They assume that facilities here are run and based on the same compassionate care guidelines and spiritual framework that they employ in Grand Rapids, and it's often a rare experience in some facilities I have seen or worked in. It was also an opportunity to show the facilities there that music therapy is an integral part of spiritual care of the elderly.

Ten Years Ago in The Drumbeat:

- Susan Summers presented at the Pacific Institute on Addiction Studies Conference at Trinity Western University, a presentation very well received by delegates who work in the field of substance abuse/addictions.
- Doreen Alexander presented on music therapy and pain management at a Non-Pharmaceutical Pain Management conference at St. Paul's Hospital.
- Noele Bird and Doreen Alexander were on BCTV News featuring music therapy at Berwick and UBC's Purdy Pavilion.
- Jane Whittall presented at a ceremony in Surrey marking the commencement of a New Horizons Grant for 20 hours of MT a week at four facilities.
- Kerry Burke presented at Northwest Community College in Terrace, then for North Shore Services, and was videotaped for a national TV show called "Alive" on CBC showing the use of music and voice for maintaining health.

Have you presented recently? Are you about to? Tell us about it!

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Advertising rates:

Single issue:

\$20 for 1/4 page (3.5 in. x 4.5 in long)

\$35 for 1/2 page (7 x 4.5 long)

\$60 for full page (7 x 9)

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\$65 for 1/4 page

\$125 for 1/2 page

\$200 for full page

MTABC BOARD MEETING MINUTES

September 27, 2003

Board Members Present: Chantal Jolly, Susan Summers, Laura Cross, Ashley Tait, Nancy McMaster, Don Hardy, Angela Neufeld, Rob Gill

Regrets: Carolyn Wilson-Hoekstra, Kim Brame, and Wendy Watts

1.0 Meeting called to order: by Chantal Jolly at 10:15 am

2.0 Agenda Approval: Laura/Nancy CARRIED

3.0 Approval of Minutes - from April 26, 2003-- Approved Don/Angela

4.0 OLD BUSINESS

4.1 MT Awareness Campaign - Wendy Watts is stepping down from the position, thus a replacement must be found.

Action: Chantal will post the position with job description on Yahoo groups website.

4.2 Award Guidelines --**Action:** Susan, Chantal and Ashley will meet to set a date for discussion of criteria for awards.

4.3 Survey - The membership survey worked well in the past. If a situation should arise when membership opinion is needed, a survey could go out with the membership renewal forms.

4.4 Board Manual Updates: The secretary requested that someone else undertake this task. Ashley volunteered to organize the board manual updates, while keeping in contact with Laura.

Action: Ashley will complete the board manuals by June 1, 2004

4.5 Regional Boundaries: Regions 3 (Kamloops) and 4 (Interior) are currently separate communities.

Action: Chantal will communicate with reps from regions 3&4 to see if they want to remain as separate regions.

4.6 MTABC Scholarship Donation Drive: The Capilano College Foundation.

Action: Chantal will follow up with Christine Craft.

4.7 "Visions for MTABC": A discussion was held regarding asking MTABC members about their visions for the future of MTABC. The vision would focus on 5-10 year of change and growth. Susan liked the idea of giving categories to prompt ideas, and also the idea of a survey to members. Ashley suggested an email to the group for all of those who want to share their vision.

Action: Ashley will create an email entitled "Vision for Music Therapy of BC". Ashley will send to the board first for their review and follow with a posting to the yahoo groups email.

Minutes...

5.0 BOARD REPORTS

5.1 Treasurer: Angela gave a verbal report of MTABC's net worth.

Action: Angela will send each board member a copy of the latest financial statements.

Motion: We authorize the treasurer of MTABC to transfer up to \$3,000 from the general account to a new term deposit. Don/Susan CARRIED

5.2 Membership: Rob gave statistics on membership - 118 members total; 47AV I, 26AV II, and 24 students.

Rob discussed the online renewal process. His research showed that Paypal would be the most reasonable service to use for collecting online fees (\$3.00/membership approx.). Rob requested money to write the website to set up for Paypal.

Motion: To provide up to \$100 for set up of the on-line membership forms. Laura/Don CARRIED

Action: Rob will set up the on-line membership form in one month's time. He will test new system with board members first.

Motion: The membership chairperson is authorized to set up Paypal for on-line payment of membership fees. Don/Susan CARRIED

A membership drive was also discussed.

Action: Chantal and Rob will send out a letter with membership forms to all non-members.

5.3 Jobs Chairperson: Don reported 7-10 new jobs are being posted per month. These range anywhere from 1-10 hours per week. The hiring guidelines regarding our minimum acceptable wage has not been disputed by any new possible employer thus far.

5.4 Past-President:

Accreditation support group - a successful and supportive group that will continue.

HPA Update - Still an ongoing process, but progressing well.

OTP Update - Kevin Kirkland is still working on this process with lawyer George Bryce.

Nominations committee: Susan is responsible for gathering nominations for new members to the board at the next AGM if there is an opening. Susan will be stepping down as past-president.

Action: All board members must notify Susan by October 20, 2003 if they are stepping down.

Awards: It was suggested that a brainstorm session is needed to determine criteria for various recognition rewards. Lifetime membership could have criteria. A suggested option was to have awards every 5 years at anniversary celebrations.

5.5 Vice-President: Ashley reported liability insurance information. The CAMT package costs \$300/year via Marsh Canada Ltd. All CAMT members may apply for this insurance - which is at a reasonable cost.

Action: Ashley will contact CAMT to post the professional liability insurance forms on their website.

Sweatshirts were brought up as a fundraising idea.

Action: Ashley will put a message out on yahoogroups to see who would like to order a t-shirt or hooded sweatshirt with a MTABC logo on it.

Minutes...

5.6 Secretary: Laura discussed stationery supply with board.

Action: Laura will order 1,000 brochures, 1,000 business cards and 1,000 catalogue-sized envelopes.

5.7 Continuing Education: Chantal reported for Carolyn. Carolyn will update the workshop schedule by email.

Action: Chantal will follow-up with Carolyn regarding the workshop schedule.

5.8 Member-at-large: Nancy is hoping to link up music therapists doing similar work together to further her publication. She is enjoying the accreditation group with Susan. Regarding Youth Initiative - there are many schools taking in music therapy students. Internship requests from students outside of BC should be directed to Nancy and Capilano before arrangement. This includes ALL interns outside of BC, including international.

Action: Chantal will remind the board of the procedure regarding foreign internship students.

5.9 Public Relations: Chantal reported for Kim. Kim is in the process of gathering professional photographs of music therapists working with children.

Action: Ashley has a photo to send Kim. Laura will try to get permission from her job sites for Kim.

5.10 President: Chantal reported that the regional meetings in Victoria and Nanaimo went well. There was a request for information packages to be designed for potential clients.

Action: Chantal, Rob and Nancy are to collect brochure-type info and give to Laura for consolidation.

Long Term Planning: Chantal, Susan and Ashley met and had a brain storming session on long-term plans. Some of the ideas from this meeting were published in the summer Drumbeat.

AGM: Discussion held over preparation for the next AGM in Spring of 2004.

Action: All board members are to submit their board reports to Laura by January 15, 2004, so that the Annual Reports can be printed on time.

Action: Laura will send out a reminder by the end of November.

Action: Ashley will arrange the food and book a boardroom.

5.11 Drumbeat: Chantal reported for Kevin. The postage costs have been greatly reduced using the new mailing label system of the Drumbeat.

6.0 NEW BUSINESS

6.1 Youth Initiative: There was discussion regarding the Youth Initiative position. It is too much for Ashley to take on both Vice-President and the Y.I. position. Chantal suggested that the Y.I. position should be under the Advocacy and Awareness portfolio.

Motion: The Advocacy and Awareness portfolio will incorporate the Youth Initiative portfolio. Ashley/Rob Carried

Action: Chantal will design a job description for Advocacy and Awareness. This will then be forwarded to Susan so that she may include it in the nominations information in the upcoming Drumbeat.

6.2 Re: President role: Ashley agreed to accept the nomination for President at the forthcoming AGM in 2004.

Next Meetings : AGM Date: March 28, 2004 - Location: TBA

Spring Board Meeting: April 24, 2004 - Location TBA

Meeting Adjourned: 4pm

info@mtabc.com

Kevin Kirkland, PhD Candidate, MTA

Over the past three months MTABC has received over 40 e-mails through our web site. We get every kind of inquiry. Several of them get redirected to Don Hardy, Jobs Coordinator – people seem to sometimes prefer sending an e-mail while they're visiting the site rather than calling our phone line. We still get a few individuals who are working on an essay and want every single resource available sent to them, though a 'disclaimer' on the web site has reduced a lot of these kinds of requests. Others are interested in training in music therapy, so these requests get forwarded to Capilano. Some write just to marvel at the amount of information that's on there and how they themselves have always related to music in a deeply meaningful way.

The Colour of Music

For many centuries various aspects of healing have been linked to the use of the arts, in particular music and colour because of their innate ability to bring about a mental, emotional and physical calmness. Although much has been written on the use of colour and music as relaxants specifically within a nursing/medical context, there appears to be little information available as to why music and colour have this calming effect. This article examines music and colour as relaxants by briefly describing the neurological and physical mechanisms that bring about the effect of relaxation. This brief exploration is placed within the context of learning disability care. The aim is to provide ideas for a more peaceful and relaxing environment for an adult with learning disabilities who also has autism and exhibits severe challenging behaviour. The results of a small case study and implications for other areas of nursing are discussed.

Barber, C.F. *The use of music and colour theory as a behaviour modifier*. British Journal of Nursing, 1999, April 8-21; 8(7): 443-48.

Music Therapy & Dementia

Professor Greenfield said that while the [music] therapy will not cure dementia it could slow down the progression of the disease. "What could be the case, and this is just an idea, is that by stimulating the brain in this way you're actually stimulating the connections you're trying to keep them working and if they are working then perhaps they would be less prone to degenerating. "So it may be slowing down the process in some way, stabilising what you have."

Caroline Welsh, from Music for Life and one of the musicians who has played for dementia patients, said the therapy helps patients to communicate. "There is a childlike quality that people suffering from dementia have, so they are reacting in an instinctive way often and sometimes their emotion is very raw and very close to the surface. If you play something that is very beautiful it may make some of the residents cry and it is very clear how you are communicating with them."

Professor Greenfield said she hoped the therapy could be introduced across the UK. "One would hope so because it is not involving high tech equipment or very expensive or toxic drugs."

Letter to the Editor

Susan Summers, MMT, MTA

I am writing in response to the column in the summer Drumbeat by Chantal Jolly about the new job posting policy adopted on a six month trial period by the board of MTABC. The policy states that: "we (i.e. MTABC jobs chairperson) will only post music therapy jobs that meet our guidelines 100% (i.e. minimum \$40/hour, unless it is a larger contract over 10 hours, where \$35/hour is acceptable. Union jobs at the union rate will be posted"... Chantal adds "that we will be monitoring the effects of this change in terms of whether jobs are posted in the local newspapers and whether employers will upgrade to meet our standards." Chantal has provided a brief update in this issue (p. 3).

I am speaking from my own experience of working in long term care for nearly 16 years and also from my work on the board over the past five years, in addition to my earlier board work from 1989-1995. As most of us know, over the past two years since the introduction of Bill 29, many music therapy positions and hours in long term care, extended care, palliative care and agencies who were in care of autistic children have been reduced or eliminated. As recently as October 31, 2003, a unionized music therapy position at one of the major hospitals in the Lower Mainland was totally eliminated after thirteen years). The model that the current BC government has adopted is to "compare" what the government sees as "like" kinds of facilities to establish the budget and staffing levels. [Editor's note: Vancouver Coastal Health recently undertook such a measure using an auditing firm.] For example, at St. Michael's Centre a year ago, our budget and staffing were compared with a similar size denominational home in Abbotsford that has no music therapy services nor occupational therapy, and limited recreation (one or two staff for 125 residents): the health authority and the government put pressure on our board and management that we had to do cut our budget to the same "standards" as this home. A similar situation occurred at the hospital that cut their unionized music therapist at the end of October: because there were no music therapy services at another "like" facility within the region, they cut the music therapy services at this hospital, despite massive support from all sectors of residents, families, staff and management. There is rumored to be more cutbacks coming as the next budgets are being projected and the next round of bargaining starts in the next weeks leading to the expiration of all collective agreements in spring, 2004. Many hospitals and facilities continue to be in deficit mode and are needing to balance their budgets as per the Liberal government's mandate.

I think it's important to have a historical perspective as to why something comes into use. How the MTABC hiring guidelines came into place: Kevin Kirkland created them with input from myself and a couple of other board members in 2000. We felt that it was vital to have some sort of document that gave employers "our professional opinion" about our worth. Since MTABC didn't have (and still doesn't have) actual numbers to base our wages on (i.e. that we know what MTABC members are being paid for each type of population, work site, etc.) the minimum wage guidelines were based on the paramedical professional collective agreement rates at the time. At the highest rate of \$30/hour plus all benefits (which we were told added about 30% to the wage), \$40/hour was suggested as our minimum, given that a contract worker has no job security and usually has to provide many things to the facility, such as use of their own guitar, instruments, etc.

In response to a well-attended MTABC meeting in June, 2001, a subcommittee headed by Sandy Pelley and LaRee Mohr was struck to conduct a survey of MTABC members about their experience and concerns about jobs in our field. At the time, MTABC continued to receive requests from employers that did not meet the hiring guidelines in terms of wages and sometimes were not in alignment with our scope of practise or with what they expected from a music therapist (i.e. doing other duties that fall outside our training). At that time, it was decided to post all jobs with a "proviso", which meant that the job would be posted without the contact information or wages, etc. and that any member interested in this job would have to first contact the jobs coordinator to find out why this job did not meet the guidelines. The intent of this proviso policy was to inform our membership of our conversations with the employers and to encourage our members to stand in solidarity with MTABC guidelines to uphold the standards of our profession for the benefit of all. The view taken by the board at the time was that jobs should be maintained, and that education of our members and of the employers was the preferred way to go, but that it was up to our individual members to make that choice.

Over the past year and a half, there has been a change of attitudes and opinions in regard to how to uphold and implement our guidelines at the board level. With the advent of so many facilities needing to find ways of balancing their budget, there seem to have been more requests for music therapy contract positions that were under our guidelines (from my own information, these are mostly long term care homes which I think are paying around \$30/hour) and/or positions that in contradiction of our code of ethics, scope of practise discrepancies, etc. It was then decided by the current board that the current posting policy would come into place on a six-month trial basis, with "monitoring and evaluating" as stated above.

Right now, health care professionals are facing (yet again) more major challenges: how to do more with less (hours, personnel, etc.); how to navigate the health care system which is constantly changing; how to not only maintain current music therapy services, but how to create jobs and continue to grow our profession. It has always been my position that it is crucial for us to maintain our professional standards in our work place, and to not accept duties or jobs that are not in alignment with our training and expertise.

My concern is with the timing of instituting this new policy and also with the ongoing monitoring and evaluation of it. Our jobs coordinator, has stated that, "job offers that do not meet the criteria are not kept on file with me, as I am busy trying to promote the value of music therapy, not attempting to denigrate its worth through accepting substandard working conditions." Although I may agree with his passion for our profession, his response also raises many questions for me and thus I put these out for members to consider and for the board to respond to:

To my fellow MTABC members:

- ◆ what is your opinion about the current job posting policy? Are you in total agreement or do you have suggestions for its improvement?
- ◆ my main concern is: **is this the "right time" for MTABC to be standing firm?** " If this policy is instituted on a permanent basis, it may mean that many music therapy contract positions that pay under \$40/hour will not rehire music therapists but rather put that money into other areas of their budget, meaning that the music therapy positions may disappear. Are we willing to take that risk for our "standards"? Some would say, "We can't afford not to." What do you think?

- ◆ along with this, will the MTABC policy refusing to post these jobs mean that if they are to be filled, it will fall to the music therapist leaving the position to find someone by themselves (as was the only way jobs were filled a few short years ago) or that the employer will find someone to for the position, but not necessarily a trained music therapist, given that the current trend is to hire less-than-trained people in many aspects of hospital and long term care work?
- ◆ what should our wage guidelines reflect? Should they be reflective of the actual wages that are being paid in the field and if so, should MTABC first be doing their research into what is being paid? Or should the guidelines be what **we know we are worth**, even if the reality of this is difficult to attain in some sectors of our work at the moment? If the guidelines are higher in some areas of our profession, does this matter? How do we balance the continuum of wages that are paid to different music therapists in different situations?
- ◆ I know that many of us would speak to the satisfaction we have from our work based on other criteria, and necessarily based on wages. We speak eloquently and passionately about what we know to be excellence in our work because of the impact we see on our residents, patients and clients. As a music therapist and member of MTABC, how would you feel about your job being considered to have “sub-standard” conditions and thus not be posted because the wages are below our guidelines?

In addition to the above questions, I ask the following of the board members of MTABC:

- ◆ what are your procedures for evaluating and monitoring this new policy: how will the board and we as members know that this is effectively educating and supporting our profession?
- ◆ and most importantly, given the current health care climate, the governmental controls and the diminishing financial resources, how can we all **work together** to educate employers, clients and their families, health authorities, administrators, etc. about the value of music therapy and why our services should be maintained and expanded? I know that any of us whose jobs have been deleted have had much support from our clients, families, even staff and often administrators. But the decisions lie in the health authorities, far away from our work sites. How do we educate those who are in the decision-making capacity? **What is the board’s plan?**

Let’s talk with each other; inform your board members of what you think and how you would like MTABC to represent you; get involved as a board or committee member, write a letter to the editor for the next Drumbeat. **This matters.**

Send your responses to this topic or other topics for the Letters to the Editor column at Drumbeat@mtabc.com.

Christmas Facts

“Hot cockles” was a popular game at Christmas in medieval times. It was a game in which the other players took turns striking the blindfolded player, who had to guess the name of the person delivering each blow. “Hot cockles” was still a Christmas pastime until the Victorian era.

“White Christmas” (1954), starring Bing Crosby and Danny Kaye, was the first movie to be made in Vista Vision, a deep-focus process.

“The Nutcracker” is the name for the ballet performed around Christmas time each year. “The Nutcracker Suite” is the title of the music Tchaikovsky wrote.

“Wassail” comes from the Old Norse “ves heill”—to be of good health. This evolved into the tradition of visiting neighbors on Christmas Eve and drinking to their health.

A Christmas club, a savings account in which a person deposits a fixed amount of money regularly to be used at Christmas for shopping, came about around 1905.

A traditional Christmas dinner in early England was the head of a pig prepared with mustard.

According to a 1995 survey, 7 out of 10 British dogs get Christmas gifts from their doting owners.

According to historical accounts, the first Christmas in the Philippines was celebrated 200 years before Ferdinand Magellan discovered the country for the western world, likely between the years 1280 and 1320 AD.

According to the National Christmas Tree Association, Americans buy 37.1 million real Christmas trees each year; 25 percent of them are from the nation’s 5,000 choose-and-cut farms.

After “A Christmas Carol,” Charles Dickens wrote several other Christmas stories, one each year, but none was as successful as the original.

Although many believe the Friday after Thanksgiving is the busiest shopping day of the year, it is not. It is the fifth to tenth busiest day. The Friday and Saturday before Christmas are the two busiest shopping days of the year.

An artificial spider and web are often included in the decorations on Ukrainian Christmas trees. A spider web found on Christmas morning is believed to bring good luck.

An average household in America will mail out 28 Christmas cards each year and see 28 return cards return in their place.

Animal Crackers are not really crackers, but cookies that were imported to the United States from England in the late 1800s. Barnum’s circus-like boxes were designed with a string handle so that they could be hung on a Christmas tree.

Renew Yourself with MTABC!

It's time to renew your membership with MTABC and now it's quick and easy online and you can use Paypal to process it. Or, if you'd rather do it the old-fashioned way, you can save the .pdf file and then print it and send it in! Rob Gill, our membership chair, and Allan Slade, webmaster, have created a masterpiece. Check it out!

<http://www.mtabc.com/Membership.html#Membership>



NEXT ISSUE

The next issue of the Drumbeat is on the theme of trauma and how music functions in the treatment, remediation, and care of trauma. There are many forms of trauma. Medical practitioners typically speak of trauma as an event that happens to the body and which requires urgent medical care in an emergency room. We speak of traumatic brain injuries. There's also psychic trauma - an emotional wound or shock often having long-lasting effects. A person can also suffer birth trauma - emotional injury inflicted on an infant by events incident to birth that is alleged to appear in symbolic form in patients with mental illness. A person with dementia may be viewed as someone struggling to come to terms with the trauma of losing their personhood.

Some food for thought: Music, as a language of the emotions, can "soothe the savage breast," as William Congreve wrote. What are some of the ways in which you view the role of music in trauma? How do song lyrics serve as vehicles for talking about traumatic events? How does music "contain" or 'hold' trauma? Is the music enough? How does music open up traumatic events? Are music therapists capable/qualified to work with people with traumatic histories - what are the limits of our scope of practice? What song(s) would you use to open up the discussion of difficult subjects? What song(s) are good for healing the wounds of our lives? Your interpretations, poetic thoughts, witnessing, testimony, interventions, and philosophies are most welcome. Deadline: January 30, 2004.

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