

Sit at the table: Moving the music therapy profession forward

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We have a right to sit at the table of healthcare but we often don't bring enough food for our dinner guests.

Over the last year or so, I have experienced a significant change in attitude, a pivotal moment of thought. Working for over twenty years, first in a government facility, then alone as a music therapist in sole private practice for ten years, and now in my current employment on a multi-disciplinary team, has triggered in me some fundamental and transformational questions:

- Why are we grateful when clients choose music therapy?
- Why do we expect to be paid less than other clinicians?
- Are we relying solely on stories rather than clinical outcomes?
- Are we afraid of looking for hard evidence?
- Do we possess the right amount of clinical confidence?
- Do we exert our influence and demonstrate our skills with pride in a clinical setting?
- Are we uncomfortable when having to 'sell' our talent and expertise, i.e. the business of music therapy?
- Why do we still label music therapy as a relatively new discipline? We're over forty years in Canada!
- Why do we struggle to differentiate the difference between music lessons and music therapy and sometimes offer both within a session, thereby further confusing the consumer?
- Why do we accept cutbacks and minimization of music therapy services without a collective debate?
- Why do we get defensive during collaborative work, trying to always prove our value over other disciplines?

Please remember that these questions are mine, posed for you to ponder. They are based on my interactions with other music therapists, and on my own experiences and interactions.

I'm not sure where this all started. I like to think it has something to do with when I entered this field, in the late eighties. We were happy just to get a volunteer position upon graduation, never mind an actual job. We have been so busy clawing our way into the healthcare system, and it has been an uphill battle that so many of us have experienced, we sometimes don't even recognize when we have arrived.

Stephen MacEwan, the CEO of blueballoon Health Services, the company I work for said, "I don't know what it is with you guys. You are so talented and offer such a unique and premium skill set, a skill you've been honing since you were children, we should charge MORE for your services than any other discipline! But it's like you don't believe it yourselves." The belief we have in the power of music HAS to start within.

I feel strongly that regulation will pave the way for many music therapists, and will validate us in the external world. But it is not the only answer, and, as much as I know that our energy needs to be put into this, we also need to focus on Clinical Outcomes and Effectiveness. If we look at Behavioural Therapy, we see they are also not a regulated health care profession, but have government financial support for Intensive Behavioural Intervention (IBI) funding due to an incredible job of conveying the clinical effectiveness of IBI with children with autism.

Our main goal is to promote change in individuals with whom we work. What metrics do we use to demonstrate change? Many facilities focus on a quantitative measure – how many clients received music therapy in a day? How about if we looked at job performance in terms of clinical outcomes? For example: Client moves from Point A to Point B...Child is not talking...Child begins to vocalize...Child forms words...Child is talking. We need to design robust clinical interventions to generate results.

Recently, I was asked to write a proposal for an insurance company supporting the use of music therapy with a little girl who had been involved in a traumatic auto accident. This particular insurance company had never funded the use of music therapy before so it was a long shot. The little girl suffered from night terrors and emotional issues connected to the accident, in which her entire family was injured, and the family dog was killed. I did my research on post-traumatic stress, night terrors, music and relaxation, and wrote a proposal outlining exactly what I intended to do and how I intended to do it. The treatment proposed to decrease the night terrors through music listening, process emotional issues using art and music, and introduce the client to progressive relaxation skills. It was approved. I know this happened due to designing a clinical programme based on generating solid results.

I also think that to truly maintain and move music therapy forward in the workplace, we have to collaborate with other disciplines. I believe it actually takes more confidence to collaborate, than to put up walls. We can strengthen music therapy with interdisciplinary perspectives and then, in turn, we strengthen the other disciplines with our unique contributions. I remember about 3 years ago, an OT approached me and asked, almost timidly, what did I think about combining music therapy with occupational therapy and how would that work? I did not hesitate to tell her, that yes we could work together, each enhancing the other's programme. It's not a competition!

Another very important piece in moving this profession forward is a strong national identity. There are so many varying philosophies and we each work differently, but Canadian music therapy remains very much a mosaic. I think this has held us back: do we offer Music in therapy or Music as Therapy? How about just simply Music Therapy? We need to look at the broader picture, and look beyond our immediate geography. While embracing our differences is a supportive thing to do, we should still strive to truly define the Canadian model of music therapy.

Finally, the stories that emanate from music therapy are moving, powerful and touch deep emotions in our listeners. And they need to continue to be told. But if we are truly to move forward and maintain and grow, we have to deliver results, whether through internal change or external tangible development in our clients.

To summarize, what music therapy in Canada needs is:

- Clinical criteria and outcomes
- Clinical Confidence
- Evidence-based research
- Regulation
- A strong national identity

So, sit at the table, dine with others, and offer your distinctive and important contribution.