

Music Therapy: A Sound Decision

Child & Youth Edition



A Resource Book from the
Music Therapy Association of British Columbia



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The Profession of Music Therapy

What is Music Therapy?

Music therapy is the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development.

Canadian Association for Music Therapy / Association de Musicothérapie du Canada Annual General Meeting, Vancouver, British Columbia, May 6, 1994



Accredited Music Therapists

www.musictherapy.ca/musictherapists.htm

Accredited music therapists complete a minimum four-year Bachelor of Music Therapy degree. This is followed by a 1000-hour supervised clinical internship and submission of a written portfolio about their music therapy philosophy, internship experience, and case study. Upon approval from the Canadian Association for Music Therapy (CAMT) Accreditation Review Board, the intern is given the title Music Therapist Accredited, MTA. Accredited music therapists must maintain their credential through the CAMT continuing education process.

Music Therapy: A Sound Decision

Child and Youth Edition

This resource offers an introduction to the field of music therapy and its role in the lives of children and youth throughout British Columbia. The authors are experienced music therapists who specialize in working with children and youth.



Music Therapy for Children and Youth

Johanne Brodeur, PhD, MTA

Beth Clark, MM, MTA, MT-BC

Children and youth with many different challenges and exceptionalities can benefit from music therapy. Music therapy sessions are offered for individuals, groups or families depending on the needs of the clients. Sessions may take place in a music therapy studio, school, group home, hospital or rehabilitation centre.

Music therapy activities are carefully designed to achieve therapeutic outcomes based on the unique needs of each child. Goals for music therapy may address motor skills, communication, cognition, emotional health, social skills and spiritual well-being.

- Playing instruments can improve gross and fine motor skills such as coordination, balance, range of motion, strength and finger dexterity.
- Rhythmic movement and dance facilitates mobility, agility and endurance, while increasing spatial awareness.
- Singing can improve communication through addressing specific expressive and receptive language skills, including articulation, breath control, fluency, phonemic awareness and vocabulary.
- Active listening interventions provide stimulation to develop cognitive skills such as attention, memory and auditory discrimination.



- Improvisation offers creative and nonverbal opportunities to express emotions. Through vocal, instrumental or movement improvisation, children have opportunities to make choices and communicate experiences and ideas.
- Composing music in a group therapy session can assist in developing social skills such as cooperation, listening and turn-taking.
- The spiritual needs of children can be addressed through songwriting to express grief and loss. Combining the creation of visual art with music listening can promote relaxation, an important life-long skill for both emotional and spiritual well-being.

Music Therapy for Children with Down Syndrome

Johanne Brodeur, PhD, MTA

Children and youth with the many challenges of Down Syndrome can benefit greatly from music therapy. Sessions are tailored to meet each individual's needs in a range of possible settings, from music therapy studios to hospitals, group homes, rehabilitation centers and schools.

Children with Down Syndrome can benefit from playing musical instruments to improve motor skills, singing to improve communication, and rhythmic movement and dance to facilitate mobility, spatial relationships and endurance. Through improvisation, participants can make choices and work creatively within structure. Composing music develops social and communication skills through encouraging cooperation, and the sharing of ideas and experiences. Active listening provides a stimulating way to develop cognitive skills such as attention, memory and auditory perception skills.

Some children respond better to a more improvisational style of music therapy. However, a large population of children and youth with developmental disorders respond well to a more structured type of session. The following is an example of a music therapy session for small group of children who are 4-5 years old with Down Syndrome.

We begin our session with a hello song. The children take turns choosing activities through a picture system and tell their friends their choice. The first child chooses desk bells and each child is given a different colour bell. We each take turns playing our bells and then we play all together. This is followed by enthusiastic cheers. The next child chooses a picture of a drum. The children laugh as they play the drums as loudly as they can. This activity is great for learning self-regulation: when to play and stop and dynamic range from loud to soft.

We put the drums away and the next child tells us he would like to play the music pads. Music pads are circular pads that make a sound when we step on them. The children take their shoes off in a hurry as the pads are placed on the floor forming a musical path in the room. The children follow the route on the pads forward and then backward again and again, encouraging one another. This activity supports the development of social and gross motor skills.

Composing a song is our next chosen activity. The children would like to sing about what they like to do after our music sessions. They select pictures from a magnetic board and we write the song with a mixture of magnetic words and pictures. I improvise a song and the children help me to sing while reading the words and pictures on the board.

The last chosen activity for our session is playing Rock, Rap and Roll, a musical computer game. Using a specially-designed keyboard, the children take turns playing, composing and entering musical patterns. Today, we choose to play African music and the end product is a fabulous strong beat creation. We play our good-bye song, put our chairs away, give high fives and say farewell until next time. What a wonderful session!

Music Therapy in Oral Deaf Education

Beth Clark, MM, MTA, MT-BC

Music Therapy is very effective in meeting the needs of children who are deaf and hard of hearing. In oral deaf education, children use their residual hearing along with hearing aids and/or cochlear implants while learning to listen and communicate verbally. Children need many experiences with spoken or sung language in order to make connection between sound and meaning. Music therapy can provide a multitude of engaging experiences to address the diverse and complex needs of children who are deaf or hard of hearing.

Areas addressed in oral deaf music therapy include communication, social skills, literacy skills, motor skills, emotional well-being and expression through the arts. While learning to listen and speak are the central goals, children who are experiencing delays in language acquisition may encounter other challenges. For example, a child who has a limited ability to communicate with others may need assistance learning to cope with feelings of frustration, improving self-esteem and developing age-appropriate social skills.

Children may enter into music therapy groups with their caregivers when they are only a few weeks old, and can continue to benefit for many years. Experiences provided in music therapy sessions involve singing, music integrated with literature, songwriting, instrumental playing, and music integrated with movement and visual arts. In group sessions children simultaneously improve their receptive and expressive language, social, literacy and motor skills. They learn to express themselves verbally as well as through a variety of artistic media, building their self-concept and their confidence as artistic and musical individuals. The following example highlights the story of how music therapy assisted one child in acquiring spoken language.

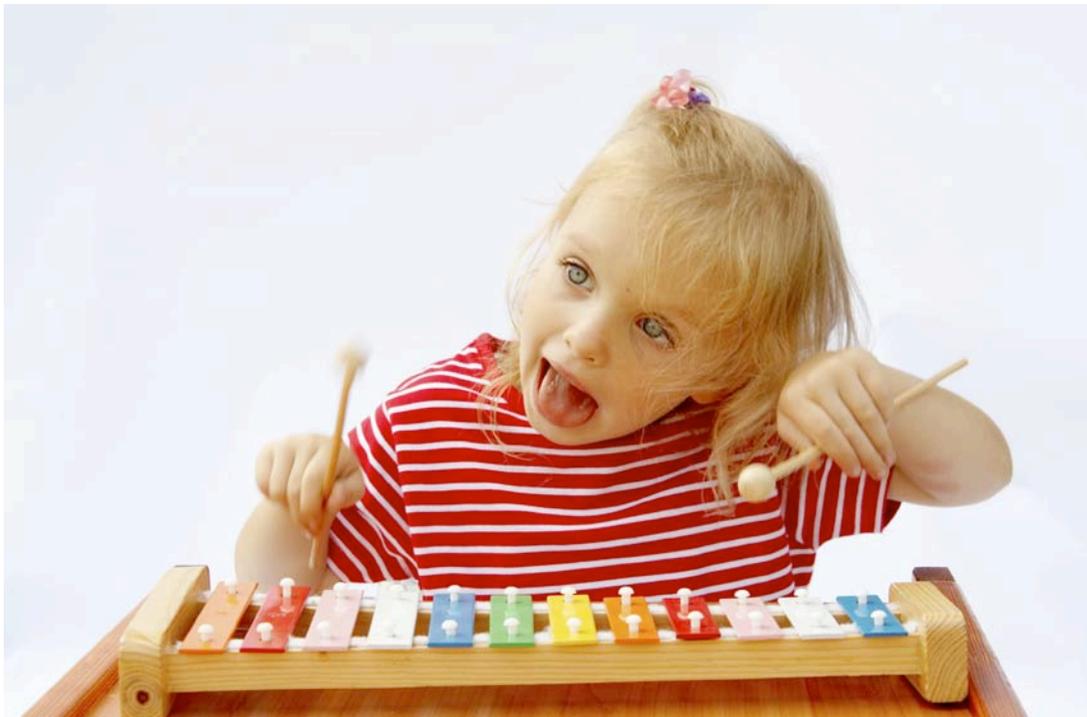


R first came to a parent and toddler music therapy group when he was 16 months old. He was diagnosed as profoundly deaf and was awaiting cochlear implant surgery. R was attentive to visual stimuli but it was unclear whether or not he was responding to any musical sounds. He was drawn to drumming activities, which provided an engaging tactile experience, and he demonstrated a natural ability to make rhythmic music on a large drum. R learned to play and stop in the context of a song that provided verbal and musical cues, however he was primarily following the actions of others, as he was unable to hear the verbal cues.

One year later, and ten months after receiving a cochlear implant, R is a very actively engaged member of the music therapy group. He listens to, understands, repeats and follows simple verbal instructions. He requests and sings favourite songs. R is a natural leader who can now give verbal instructions to others in the context of musical activities. He is very attentive to the actions and needs of other children, and will attempt to engage his peers when they are not participating. R displays strong social skills, is motivated to interact with others through music and dance, and increasingly through verbalization.

Early Intervention for Children with Autism

Esther Thane, BMT, MTA



Children with autism spectrum disorders have unique needs that can be effectively addressed through music therapy. These include developing self-regulation, inner motivation and empowerment.

Music therapy sessions can be formatted to effectively challenge clients to self-regulate and self-organize. The music therapist can provide movement-based activities, educational kinesiology, appropriate auditory and visual stimulation, as well as proprioceptive and vestibular input. Activities can be designed to target specific movements through instrument selection, movement and musical games.

A sense of security and comfort is needed for clients to explore beyond their comfort zones and to develop inner motivation. This sense of security is nurtured through flexible session planning, follow-through of the therapist, and continuous reassessment of the client's behavioural and physical indicators.

The last major area of need is empowerment. In music therapy, providing a choice of activities and instruments of personal interest fosters a sense of control in the interactive process. This process of negotiation supports the development of social skills, relational skills such as taking on another's perspective, as well as instrumental skills such as turn-taking and making eye contact.

Early Childhood Outreach Promoting School Readiness

Michelle Lawrence, MTA, NMT, MT-BC

Music therapy can help both typically and atypically developing children reach developmental milestones in a variety of areas. Music can be used to support school readiness goals such as learning shapes, colours, numbers, print readiness, turn-taking and patience. It can also be used to increase attention and promote acquisition of social skills. Music can provide children with opportunities to express and explore emotions through non-verbal communication. Music lends itself well to repetition, promoting mastery of a target behaviour or goal with relative ease.

One example of a specialized music therapy program provided for children between the ages of 18 months and 6 years is a short-term group program designed to promote school readiness. This outreach program is for families whose children are considered “at-risk” upon entering school due to their socio-economic status or geographic location. Children attend sessions together with their caregivers, allowing for the development of social support between families residing in a community. Most of the children enter the program with no identified physical, emotional, behavioural or developmental disabilities.

One area addressed in this program is increasing attention span, or sustained attention. Each child is given an instrument and instructed: “Whenever I play, you play; when I stop, you stop.” The music therapist begins by playing a short song which has the word “stop” at the end of each phrase. The therapist can change tempi and dynamics to increase difficulty and extend the length of the song. Once mastery has occurred at this level, the therapist can try stopping in the middle of musical phrases to add a fun element of surprise. Alternating attention can be improved through providing children with more than one instrument, and giving directions to listen and match the instrument being played. Another variation is for the children to follow a verbal cue instructing them to switch instruments. Over the course of just a few sessions, young children can significantly increase the amount of time they attend to tasks and are actively engaged in group activities, helping to prepare them for kindergarten.



Music Therapy and the Student Support Services Team

Mary Reher, MTA, FAMI

As a Music Therapist, I work as a member of a public school district's Student Support Services (SSS) team. The team also includes an Occupational Therapist, Physiotherapist, Psychologist, Speech-Language Pathologist, Teacher of Deaf and Hard of Hearing, and an ESL teacher.

I conduct individual or small group sessions with children and youth in Grades K-8 who have exceptional needs. Services are provided for students with the following Ministry of Education designations for challenges: Attention Deficit Disorder, Chronic Health Issues, Autism Spectrum Disorders, Intensive Behaviour, Learning Disabilities, Deaf and Hard of Hearing, Visual Impairments, Speech and Language Disorders, Abuse and Trauma.

Referrals to music therapy are made by the School Based Team Chairs (SBTC) at individual schools. In consultation with other team members, I examine existing goals and objectives in each student's Individualized Education Plan (IEP) document, and determine which of the needs can be addressed using music as a tool.

I often formulate music-specific objectives to add to the IEP, or develop 'Methods and Materials' pertinent to the objectives of another specialist. I attend at least one IEP meeting each year and report to the attending parents, teacher, SBTC, principal and educational assistant about the process and progress of music therapy work with each child. In addition, an annual written report is submitted for the parents and school file.

In all cases, I seek to provide a musical experience that brings insight and/or joy, and helps to enrich the life of the child/youth while addressing his/her challenges. The following is a sample of issues and needs that can be addressed through music therapy interventions:

- Fine motor and postural control
- Bi-lateral integration
- Gross motor skills
- Expressive speech/articulation
- Perspective-taking/social skills
- Self-awareness/empathy
- Span of attention
- Sequencing
- Listening skills/auditory awareness
- Reduction of anxiety
- Pro-social behaviour
- Self-esteem and self-confidence
- Gifted enrichment
- Developing imagination and the generation of ideas
- Expression of emotions and processing of life events



Music Therapy in Child Life (Oncology)

Brooke Angus, BMT, MTA

Child Life specialists focus on the emotional and developmental needs of children and families. "Using play and other forms of communication, this professional member of the healthcare team seeks to reduce the stress associated with healthcare experiences and enables children and families to cope in a positive manner" (Child Life Council website: www.childlife.org). The role of the music therapist is to promote positive coping in children, youth and their families through the use of music and creative play.

A patient diagnosed with cancer or another illness may present with a multitude of needs and abilities. For hospitalized children and adolescents, music therapy can address many needs:

- Aiding in expression of thoughts and feelings related with illness/hospitalization
- Encouraging the development of healthy strategies for coping
- Promoting a sense of autonomy and feelings of control
- Facilitating positive self-esteem and body image
- Providing peer interaction and a sense of community within the hospital environment
- Helping children work through traumatic experiences associated with hospitalization
- Enhancing pain management

Together, the therapist and child enter a musical experience of creating, choosing, and listening to music and integrating music with other creative art forms. Music Therapy sessions are constructed to give the patient choices which foster a sense of control, confidence, pleasure, and accomplishment. Methods commonly used include:

- Listening to music
- Song/lyric writing and discussion
- Singing known songs
- Music and imagery
- Music and movement
- Music improvisation
- Playing instruments
- Painting or drawing to music



A 15-year old boy was admitted to the hospital for a chronic illness. He enjoyed listening to music and played the flute in his school band. Following an assessment, the music therapist brought some instruments into his room. After trying the djembe, he discovered he really enjoyed drumming, stating that playing the drum "released something inside." Although he found it difficult to talk about his illness, he was able to write about it in a song. Using a computer recording program, he carefully listened to hundreds of musical tracks, wanting to choose the perfect music to suit the mood of his song. He wrote his own lyrics expressing his fears and experiences in a way that was touching and humorous. After we wrote the song, he invited his nurses into his room and played the song that he had composed. Through the music, he was able to express the perceptions and fears that he wasn't able to talk about originally, while gaining a sense of control over his own environment.

Pediatric Palliative Care: A Family-Centered Approach

Kathryn Nicholson, MMT, MTA, RCC

My clinical practice in pediatric palliative care is family-centered, meaning that I serve not only the needs of the child who is living with a life-limiting illness, but also the needs of the siblings and parents of that child. The children in our program receive respite care, pain and symptom management and end-of-life care. Many families also return to the hospice for bereavement services after the death of the child. In this context, music therapy is a valuable way to explore and express intense emotional and spiritual issues. It can also be a vehicle for addressing pain and symptom management and behavioural issues.

I use many different interventions – song-writing, music for relaxation, imagery and music, musical games, lyric analysis, improvisational music-making, karaoke, staff-patient jam sessions, recording and composing on computer, singing/playing at the bedside, music for sensory stimulation/connection, music education, choosing/performing music for memorial services etc. Sometimes these interventions are offered in an individual session, sometimes with family groupings or with children of a similar age group. I see music as a therapeutic container, vehicle and/or catalyst. There are many different applications of this expressive modality which can be therapeutic in palliative care.

K was a 16-year old girl with a malignant brain tumour who was admitted to the hospice for end-of-life care. Her parents had been divorced for a number of years but, at K's request, both Mum and Dad were staying on site in family suites with their respective 'new' spouses and younger children.

Although she didn't have much energy, K was very responsive to exploring music with the therapist - listening, reflecting on her life through some of the lyrics, openly asking for help deciding on music for her memorial service. Her two younger half-siblings were quite jealous of each other, vying for K's attention, acting out in response to the intensity of the situation. There were signs of animosity between the two blended families.

In one of her last sessions with the therapist, K chose "I Will Remember You" as the song she wanted at her service. She asked for help in composing a verse to reflect the good things she hoped her family would remember about her. The siblings then wanted to each write a verse about their good memories of her and insisted that each parent (and their respective partners) also write a verse. These efforts at composition were facilitated by the music therapist and, in a couple of days, the song was completed.

By the end of that week, the girl had slipped into a coma. The family gathered at her bedside, lit a candle and sang the song to her. The words of the music spoke of their shared love for K and those luminous moments of singing together as she lay dying seemed to dissolve the conflict between them. K died peacefully 6 hours later. After her death, K's family requested that the therapist lead the song at her memorial service. Both siblings participated in the singing and the assembled family and friends sang each chorus together. The two families have maintained a warm connection with each other ever since. This story is a very moving example of the power of music to touch, to teach and to heal.

Bereavement Care: Expressing Grief through the Arts

Heather Mohan, PhD, MTA, RCC

Children who are bereaved can experience a wide range of grief responses depending on their age and developmental level, their relationship with the person who died, their individual personality and coping style, pre-existing family dynamics, and the nature of the death itself. A child's response to grief is always influenced by and intertwined with their primary caregiver's response to the loss.

Children who are grieving may or may not talk about their feelings, but it is possible that caregivers will see changes in the child's behaviour such as: increased irritability, separation anxiety, regression, mood swings, explosive or intense bouts of emotion (sadness, anger, etc.), difficulty sleeping, lack of energy, complaints of stomach aches and headaches, difficulty concentrating at school, social withdrawal or attention-seeking behaviours.

Music therapy can assist in meeting the needs of grieving children, particularly in the psychological/emotional realm. This can be done in a variety of formats and settings. Music therapists may facilitate support groups for grieving children that provide a "community of belonging" where they feel safe and can learn healthy ways to express their grief through music and other expressive arts mediums (art, play, drama, poetry, etc.). Special group songs may be written by the music therapist and taught to the children to sing together, facilitating a sense of belonging and connection within the group setting.

Music therapists may conduct individual sessions for the grieving child and help him or her to express a range of emotions through singing, songwriting, drumming, music listening and improvisation. Music therapists may also facilitate special "memory services" for children that provide a supportive space and special music to help remember and honor the person who died.

Eight-year old Anna was feeling very sad, missing her mom who had died of cancer. Anna's father noticed that she was becoming increasingly withdrawn both at school and at home. After several individual sessions with the music therapist, Anna was helped to express her feelings of sadness through musical improvisation.

Then Anna decided it would be a good idea to write a song about her mom. Anna's song lyrics named all the reasons why she missed her mom, and described some of her favorite memories of things they used to do together. The music therapist helped Anna to record the song so that she could listen to it at home.

One day Anna chose to share the recording of her "mom's song" with her classmates at school. She received much positive feedback and praise for her song both from peers and her teachers. Slowly, she began to regain her confidence at school and to share her thoughts and feelings about her grief more openly with her father at home.

Youth with Traumatic Brain Injury

Katherine Wright, MA, MTA, NMT

Youth with traumatic brain injuries often need intensive physiotherapy, occupational and speech therapies, as well as psychosocial support to begin to address the enormous change that has occurred in their lives. They may feel a sense of confusion, frustration, anger, sadness and grief when they become more aware of their physical and/or cognitive challenges and limitations. As well, the youth need to have a sense of hope for the future and feel a sense of purpose, that their lives continue on and that they are still essentially the same person but with a different body.

All clients with brain injuries need structure to their day. This structure helps them with memory, sequencing, and concentration. Most people who have brain injuries process information a little more slowly than the general population. This means that you may have to ask questions more slowly and use gestures to help yourself be understood.

Language and Speech

When the language centre of the brain is damaged, the music section may or may not be damaged. Thus a client who may not be able to talk may still be able to sing. Singing also works on breath control and timing of speech, skills that are essential to verbal communication. Non-verbal clients can be given a chance for self-expression by playing simple percussion instruments. This type of structured improvisation is an excellent way to provide clients with an expressive outlet for any feelings/frustrations they may be experiencing.



Memory / Cognitive Issues

Music therapy can help with sequencing and concentration. Clients often struggle with being easily distracted but are able to focus on a song for 2-3 minutes. In the majority of brain injuries, long-term memory remains intact; music enables a person to reminisce and to reconnect with their own sense of identity.

Songwriting is an excellent tool to use when working on concentration and other cognitive issues.

Emotional Issues

A brain injury can change the chemical balance of the brain, so it's very common for people to experience depression or intense anger in the months following a brain injury. Providing clients with positive, successful experiences that focus on their abilities, not their disabilities, can improve self-esteem and motivation which, in turn, will enhance their performance in rehabilitation. Rehab, by necessity, at first must focus on a person's disabilities in order to determine a client's goals. Music therapy has the wonderful and unique opportunity to focus on the client as a whole person with many abilities and strengths. The client can then use these strengths as a resource to build upon.

A young man I will call 2Pac (because he loved the rap star 2Pac) thought he was learning the electric bass guitar and how to play the drums, and he was... except that he was also working on many rehabilitation goals. He'd had a brain injury. And learning a trendy tune on the bass guitar helped to work on fine motor skills (using his fingers), concentration and focus (which string does he play at what time), and short-term memory (when it was his turn to play in the song).



The drum set helped work on gross motor skills (using his feet for the bass drum and high hat pedals) and sequencing (at a certain point in the music, he had to hit the drums in a certain order). The music, especially the drums, helped 2Pac decrease his sense of frustration and anger over what had happened to him.

Playing music provided a creative outlet for 2Pac's feelings and also helped him to feel capable in a new skill. He felt that he was doing something cool that he could tell his friends about, and that feeling helped to increase his motivation to work on his rehabilitation goals.

Rhythm & Word: At-Risk Youth in a Secondary School

Deborah Burleson, BMT, MTA

Rhythm & Word is a community-based music therapy program that provides opportunities for individual and group creative self-expression for at-risk youth. Situated at an alternative secondary school, the participants attend weekly music therapy sessions either individually or in groups. The population includes youth who have been determined to be “at-risk,” and do not thrive in a typical secondary school setting for a variety of reasons. Many are from marginalized communities with personal histories of abuse.

Rhythm & Word provides opportunities for reflection, exploration of emotions, and the development of self-knowledge. Past participants have stated that they credit the *Rhythm & Word* program for their personal development of confidence and increased self-worth. Moreover, the benefits achieved in music therapy expand to the greater community by providing supervised opportunities for creative self-expression, alternative activities to street life, and development of positive interpersonal relationships.

Multiple goals can be addressed within each “jam session” in music therapy, and every session is different. Participants have the opportunity to try out any of the instruments available, such as the electric guitar, bass guitar, keyboards, drum kit, hand drums, and vocal microphone. The following anecdote illustrates how long and short-term goals were addressed with a young client:



G had become very angry during class and had thrown a chair against the wall. G was struggling with academics and had a low frustration tolerance. His teacher was trying to support him as they sat in the hallway. The music therapist suggested that G come to the music space to get away and cool down. Having never attended music therapy before, G was reluctant, but agreed with encouragement from his teacher.

G went straight to the drum kit. The music therapist informed him that it was okay to play loudly in the music space, because no one could hear him. He sat without speaking, hitting the drums randomly and quietly. The music therapist provided support for him by not speaking, but by playing the guitar quietly. He began to play faster and louder, smashing the crash cymbal and yelling “I #\$\$%@ hate school!” He crashed the cymbal a few more times, then began to play a steady rock beat on the drums. He demonstrated strong rhythmic skills, good concentration and steady coordination. After he had played for a while, he paused and took a few long deep breaths. In the last few minutes of the session he wandered around the room whistling, and skipped out the door when the lunch bell rang.

After that day, G decided to attend music therapy on a regular basis. Over time, he became a strong leader in a group session with four other males. He encouraged the others to try out instruments, shared his own skills, and initiated song-writing and recording. G eventually completed his academic requirements at the alternative secondary school and returned to a mainstream school.

I'm Dangerous with Sound: Street-Involved Youth

Noele Bird, MMT, MTA, FAMI

My work with street-involved youth employed a 10-week music performance project aimed at providing a healthy alternative to substance abuse through the discovery of the creative-self in music improvisation. The project explored expression in all art forms, including journaling, drawing, poetry, movement, theatre, songwriting, drumming and music improvisation to create an original public performance. The project was built on the talents and strengths of group members and provided an opportunity for youth to be a part of something creative and meaningful that promoted self-expression and peer support while developing teamwork, leadership skills and self-confidence.

Youth involved with the project experienced a feeling of belonging and a sense of accomplishment. Participating provided an opportunity to commit to a 10-week group and project, which included showing up and participating weekly and completing a final performance. The youth created something constructive together, negotiated and worked cooperatively toward a common goal. They expressed that the performance was a special night for them, something to look forward to and an alternative to the hardships and activities of the street.

The youth experienced feelings of bonding and connection with each other. They felt a sense of safety, closeness, support and belonging. They began to arrive and leave together, offer each other a place to stay, exchange phone numbers and share personal feelings and stories. The youth performed solo indicating that they had developed their self-confidence. The project enabled peer support, which is key in creating positive change with youth.

By virtue of meeting regularly in the youth centre, the youth formed a connection with other services the centre offered. They took leadership roles, initiating ideas for improvisations and leading improvisations. They shared what a relief it was to just relax and make music without any rights or wrongs. The following are quotes from the youth involved in the project:

I had a good feeling after. Good accomplishment. Like I finished something.

It made me happy. Every time I came I could be in the worst mood and I'd go with this group and by the time I left I was all happy and ready to do anything. Positive energy!

It keeps youth out of trouble, off the street, away from all the peer pressures out there like people saying "come on drink, drink, drink." It keeps them away from bad influences. This is a good influence.

We are done! I had so much fun! Thank-you God! We did it! I am so [very] proud of myself. My mom and friends came. It was so awesome, we were so awesome. I can't express the good feeling I have right now! I thought our group at the beginning was very unstable and very temperamental and they still are, but I got a lot of pride out of it and more self-esteem. And I learned what it was like to be super, super nervous to the point where you have trouble breathing. I learned how to put up with other people and change my attitude so that I can communicate better.

Music Therapy Organizations

Canadian Association for Music Therapy

www.musictherapy.ca

The Canadian Association for Music Therapy (CAMT) promotes excellence in music therapy practice and education, furthering development and awareness of music therapy in Canada while also serving as an organizational agency for its members. CAMT sponsors an annual national conference, publishes the *Canadian Journal of Music Therapy*, and serves as the body responsible for accreditation and ethical standards for music therapists in Canada.



Music Therapy Association of British Columbia

www.mtabc.com

The Music Therapy Association of British Columbia (MTABC) is the provincial chapter of the CAMT responsible for supporting and promoting music therapy in British Columbia. The MTABC website provides information about publications, continuing education opportunities, provincial hiring guidelines and the profession in general, as well as areas of specialty and contact information of accredited therapists.

Canadian Music Therapy Trust Fund

www.musictherapytrust.ca

The Trust Fund is a bold, non-profit initiative designed to integrate, educate, celebrate and promote all facets of music therapy in this country. The Trust Fund has been fortunate to have many volunteers working to support its endeavour to provide services to those in hospitals, clinics and special schools.

Since 1994, with the help of the Canadian music industry, the Trust Fund has been able to distribute over \$2 million to almost 290 projects from coast to coast. These projects have served individuals in hospices, centres for the aged, schools for children with physical or intellectual disabilities, or on the autism spectrum, and programs for street-involved youth. It has also funded projects for persons with HIV/AIDS, women in prison, child survivors of sexual abuse, teens who are suicidal and people who are isolated due to psychiatric disorders.

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