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A QUARTERLY NEWSLETTER FOR THE MUSIC THERAPY ASSOCIATION OF BRITISH COLUMBIA

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RALLY AND RENEW

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A QUARTERLY NEWSLETTER FOR MTABC

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INTERIM LETTER FROM THE PRESIDENT

Kristen Shin, MTA
MTABC Director of Professional Services
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Greetings MTABC Community, and a very Happy New Year to you all!

When I sat down to reflect on the theme of "rally and renew," an old memory popped into my head. It was the memory of the big spring-cleaning project that happened every year in my house growing up. Once a year, without fail, I would find myself scrubbing down walls with my family while my mother blasted showtunes from the stereo. It was hard work but made easier by the fact that we all pitched in, and the house always seemed so fresh when we were finished. Of course I don't need to tell you how the music helped too!

Spring cleaning was not the only time that showtunes made a big impact on my life. I like to say I was "raised on Broadway." I never did attend a concert until my early twenties, but by the age of twelve had been to more musicals than I could count. One that is particularly precious to me is the musical "Annie," with a song my cousin once sang for the first time on Broadway:

The sun will come out tomorrow

Bet your bottom dollar that tomorrow there'll be sun

Just thinking about tomorrow

Clears away the cobwebs and the sorrow 'till there's none.

It reminds me that the opportunity for renewal is found not only at the start of a new year or a new season, but actually at the start of every single day.

So, at the risk of making an extremely cheesy metaphor and having you all skip reading any future articles I might submit... In this new year, may our music therapy community rally together as my family did, scrubbing the dirt away to renew MTABC so that it shines as brightly as a house after spring cleaning.

Yup, that was terrible.

Happy New Year everyone!

Kristen Shin, MTA MTABC Director of Professional Services



LETTER FROM THE EDITOR

Darby S. Meszaros, MTA drumbeat@mtabc.com

Hello music therapy community!

As I write this, I am taking a moment to relish my first hello to the music therapists of British Columbia as editor of the *Drumbeat*. This new role finds me in the early weeks of a brand new year, and something about that just feels right.

A new year does not always bring so much newness and change though, does it? More often than not, most of us return to the same job as before our brief holiday. We keep living in the same home surrounded by the same community. Life carries on as usual, and yet there is something about a new beginning that pulls us in. How do you mark the beginning of a new year amid your normal routine? What do you do to refresh the regular?

I am deeply grateful to Mekayla for her hard work these last years as editor of the *Drumbeat*— please join me in thanking our editor emeritus! I would also like to thank all of you for welcoming me. In this new role, I am very much looking forward to getting to know this community more. It has already been so enjoyable to read through this issue's submissions, and I hope you feel the same.

We are still looking for a new Social Columnist— if you are interested, or would like to submit any contribution to the next issue, please reach out to me at drumbeat@mtabc.com. I look forward to hearing from you.

Wishing you a great Music Therapy Awareness Month!

ETHICS CORNER

Kirsten Davis, MA, MTA, RCC

The phone call from my friend was saddening. Her eldest son, Lorne*, age eighteen, was in the midst of a psychotic break and had been admitted to the inpatient psychiatric unit at the hospital. She and her husband were very concerned— her son had seldom been away from home, separated from his seven younger siblings. He was lonely, afraid, and confused.

I had known this family for more than 25 years. I was present at Lorne's birth and had spent lots of time with him, especially in his preschool years. The whole family was deeply involved in music, and Lorne had recently achieved his grade 10 RCM in piano and violin.

Could I please, my friend asked, go to the hospital to provide 1:1 music therapy sessions for Lorne? The family would be happy to pay me for this service. She felt that music might be one of the few things that could reach him. Besides, she reasoned, the psychiatric unit did not offer any creative arts therapies, so this could be a great opportunity for me to "get a foot in the door" for music therapy.

I was torn. For days, my stomach ached whenever I tried to weigh the conflicting aspects of the situation. At that point, I had not yet become aware that that type of discomfort, for me, often flags an ethical dilemma! I wanted to help ease my friend's sadness but...

The part of this request that initially made me uncomfortable was the dual relationships which would be created if I were to provide music therapy for Lorne. The CAMT Code of Ethics advises music therapists to have integrity and responsibility in relationships, and to be particularly cautious about dual roles:

III.7 Be acutely aware of the potential difficulties and challenges of dual relationships (e.g., with students, employees, or clients) and other situations that might present a conflict of interest or which might reduce their ability to be objective or unbiased. Music therapists would avoid dual relationships to the best of their abilities or seek appropriate supervision when such situations are unavoidable (CAMT, 1999, p. 15).

If I were to fulfill my friend's request, I would become her payee and would be responsible for providing her with information regarding Lorne's progress. Given especially that Lorne was almost a legal adult, this felt very awkward to me. What would be the limits of confidentiality in this circumstance? What if he shared some information which might be contrary to what I knew of his parents' values? Given the setting in which the sessions would take place, I would also be required to disclose session outcomes to the team on the psychiatric unit. The possibility of a three-way tug-of-war between the family, the client, and the facility, myself in the middle, made me very wary.

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If I were to proceed, I would still be Lorne's family friend, but also Lorne's therapist. It then became apparent that Lorne's "self determination and autonomy" (CAMT, 1999, p.6) as a client could be compromised, partly by the power differential in our relationship. Would Lorne feel coerced to participate in music therapy sessions? Would he feel pressured to respond in a certain way in order to please me or his parents? What if he wanted to discontinue sessions but his family didn't, or vice versa? All of these possible snags made me ask myself: would my providing service to Lorne actually decrease or increase the potential for harm?

On top of these other salient ethical challenges in the situation, I realized that there was another: the CAMT Code of Ethics states that competence is an essential part of responsible practice. At the time, I had minimal experience in mental health settings and had never received training or supervision specific to this client population. I did not feel that I would be able to "deliver services to the best of [my] ability" (CAMT, 1999, p.9) in this situation, which would do a disservice to music therapy as a profession as well as to Lorne, his family, and the hospital.

After several days of agonizing, I recognized that the situation held far too many potential risks for myself, Lorne, his family, the hospital, and the music therapy profession, to go ahead. The instructions for next steps given by the Code of Ethics were clear:

III.9 Inform all parties, if a real or potential conflict of interest arises, of the need to resolve the situation in a manner that is consistent with the principles of Respect for the Dignity and Rights of Persons and Responsible Practice, and take all reasonable steps to resolve the issue in such a manner (CAMT, 1999, p.15).

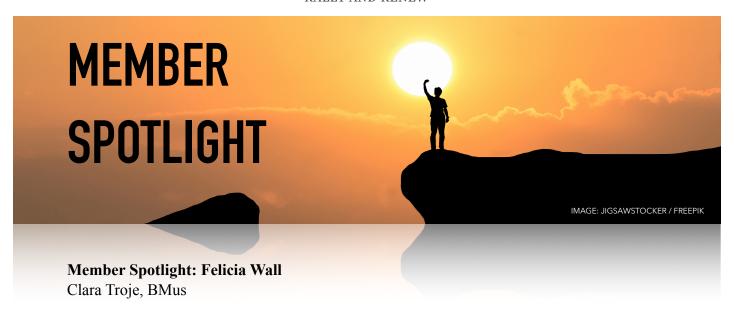
When I emailed my friend to explain, she responded immediately and said that she understood. She said she was grateful that I had weighed the situation so carefully, and that she had no idea that music therapists are bound by such a specific and virtuous ethical framework. I felt grateful that CAMT had put this solid ethical foundation in place and that I had the opportunity to represent and provide education about our profession, even in this uncomfortable situation.

A few weeks later, Lorne was discharged from the hospital. He made a full recovery, and shortly afterwards started his own business teaching piano and violin. To this day I am grateful that I did not compromise my friendship with his family by becoming his therapist. The potential benefit was not worth what I might have risked.

Have you ever encountered a confusing conflict of interest? What are some other ethical issues that challenge, bemuse, or frustrate you? If there's a topic or story you'd like to see addressed in future episodes of Ethics Corner, please email me at ethics@mtabc.com.

Canadian Association for Music Therapy. (1999). Code of ethics. Waterloo, ON: CAMT.

* names and identifying characteristics changed



Felicia Wall never thought she would end up as a music therapist. Born and raised in Vancouver, she completed a Bachelor of Political Science and English at the University of Victoria. She soon realized, though, that an office-based political job was not for her. While volunteering overseas in South Africa with children, she met a Capilano University Music Therapy student who inspired her to follow a similar path and become more engaged with the community. Her experiences in South Africa of seeing community-based healing also inform her work today.



In 2015, Felicia graduated from Capilano University. One of the highlights of her career so far is the creation of a three-day-per-week music therapy position at the Phoenix Center for

Addiction. She started at the facility as a practicum student and continued on to do an internship there. The directors there at the time, Ann and Mike Wilson, played a big part in bringing a forward-thinking and compassionate spirit to the facility and welcomed music therapy on site. After graduating, she wrote a proposal for an almost-full-time music therapy job there, seeing the need for it at the facility, but only got a couple hours per week. It took three years of working these limited hours at the facility and many unsuccessful proposals for her position to finally be expanded to what it is today. Her advice in this process? Make your programs indispensable to the organization, submit high



quality proposals, have lots of patience, and know your boundaries. For new graduates, Felicia recommends saying "yes" to lots of different kinds of opportunities, even if they are not perfect, and sticking with and expanding the contracts that feel the best.



Felicia's other area of expertise is working with youth in alternative school systems where she runs yearlong individual based programs as well as six to twelve-week group programs. Teachers there are often surprised by how engaged students who struggle with all other aspects of school can be in music therapy. Some of the interventions she uses are song-discussion, beat-making, music games, drum circles, relaxation, and talent shows. Her values in this work are around allowing kids to experience success, and for them to

feel engaged, valued, and connected in the school setting. I was curious about how she managed to start these programs up. "Everybody thinks there isn't money, but there is if you ask the right people," Felicia told me. One of her early contracts was funded through a teacher writing an "Adopt a School" grant for her, a program that Felicia recommends trying.

RALLY AND RENEW

We talked a bit about the constant question that music therapists ask themselves: "is this really music therapy?" especially when working in less charted ways. Felicia recounts trying to let go of this question in favour of focusing more on the client themselves and the music. However, she often comes to the conclusion, "of *course* this is music therapy!" when she sees the tangible positive impact of music-making on her clients.

Her favourite part of the job? "Connecting with people who are hard to reach in a very real way. Seeing their joy and their emotion expressed. Often accessing new parts of people." The excitement in Felicia's voice was clear as she told stories of someone in her treatment group crying for the first time in five years during a relaxation group, the pride she sees on the faces of adults who have quickly picked up the guitar after believing they were not musical, and of children who have had few experiences of success who succeed hugely at a talent show.



GIM TRAINING ANNOUNCEMENT



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Trainer: Noele Bird, MTA, RCC, FAMI

Assistant: Ruta Yawney

Guest Lecturers: Liz Moffitt & Nancy McMaster

Contact noele@noelebird.com

SOCIAL COLUMN

Darby Meszaros, MTA

BIRTH ANNOUNCEMENT



Please join us in welcoming to the world:

Celina Jade Born November 14, 2021 to Julie and Timothy Grannary.

NEW MTAS

CHRISTAL OEI, MTA
IAN FILDES, MTA
MAX DUPLISEA, MTA



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UPCOMING EVENTS

March 15, 2022 from 6:00PM - 7:30PM

Equity Series #3– How Accessible Is Your Business? Presented by Danielle Main

IN THE NEXT ISSUE

Stay tuned for details about the next issue! Your submissions are welcome— send them to drumbeat@mtabc.com.

Disclaimer:

All works submitted to the quarterly *Drumbeat* publication must be submitted in a Word document in APA (7th ed.) style and will be edited for spelling errors, grammar usage, wording, and sentence structure. Upon submitting a work for publication, the writer hereby acknowledges the editing process and understands that changes may be made at the editor's discretion. If there are changes required to the subject material or main structure of the work, the editor will contact the writer and discuss the necessary changes.

Please do not submit any written work in an email body or in a PDF document. Upon submission, please include your credentials as you would like them to appear next to your name.

Thank you!



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