



# **BOOK OF ABSTRACTS / LIVRE DES RÉSUMÉS**

**35<sup>th</sup> Annual CAMT Conference /  
35e congrès annuel de l'AMC**

**May/mai 7, 2009,**

**Ottawa, Ontario**

## TABLE OF CONTENTS / TABLE DES MATIÈRES

<b>Introduction</b>		<b>3</b>
<b>Part I</b> Partie 1	<b>Paper Presentations</b> Conférences	<b>5</b>
<b>Part 2</b> Partie 2	<b>Workshops</b> Ateliers	<b>42</b>
<b>Part 3</b> Partie 3	<b>Panel Discussions</b> Tables Rondes	<b>47</b>
<b>Part 4</b> Partie 4	<b>Keynote Presentations</b> Conférences principales	<b>53</b>
<b>Part 5</b> Partie 5	<b>Pre-conference Workshops</b> Ateliers pré-congrès	<b>56</b>
<b>Part 6</b> Partie 6	<b>Oncology in Music Therapy Level I Training Course</b> La musicothérapie en oncologie: Formation avancée Niveau I	<b>61</b>
<b>Index</b>		<b>64</b>

# INTRODUCTION

*When a man is singing and cannot lift his voice, and another comes and sings with him, other who can lift his voice, then the first will be able to lift his voice too. That is the secret of the bond between spirit and spirit.*

Rabbi Pinhas of Koretz (1947). In M. Buber. *Tales of the Hasidim: The early masters*. New York: Schocken.

It is our great pleasure to present this *Book of Abstracts* of the 35<sup>th</sup> Canadian annual Conference of the Association for Music Therapy, which was held at the University of Ottawa from May 5 to 10, 2009.

The conference theme, *A Song for Everyone: The Voice of Music Therapy*, served several purposes. One focus was to explore the use of the voice in music therapy, although the theme was, above all, a metaphor for the varied contributions that music therapists are making in education, research and practice, and to the new 'voice' that music therapy is adding to health care across Canada and internationally.

This year's conference hosted a total of 65 speakers from Australia, Belgium, Canada, Great Britain, and United States. In order to give *voice* to as many speakers as possible, several speakers were paired together based upon the similarity of their subject matter. These 90-minute presentations (45 minutes for each speaker) were entitled *Voicings*.

We have divided the presentations into six sections as follows:

- Part 1 Paper Presentations
- Part 2 Workshop Presentations
- Part 3 Panel Discussions (Round Tables)
- Part 4 Keynote Presentations
- Part 5 Pre-conference Workshops
- Part 6 Oncology in Music Therapy Level I Training Course

Parts 1, 2 and 3 include the descriptions of the conference proposals (including references) that we received in response to the Call for Papers. They appear in the language in which they were submitted. Presentations that were paired into *Voicings* are indicated by an asterisk. Parts 4, 5, and 6 include the bilingual text of the presentations as they appear in the conference program: [http://www.musictherapy.ca/docs/conference/PROG\\_CAMT\\_2009\\_P\\_01\\_44\\_V3.pdf](http://www.musictherapy.ca/docs/conference/PROG_CAMT_2009_P_01_44_V3.pdf)

We hope that you will find the wide range and high quality of the presentations included in this *Book of Abstracts* both informative and inspiring!

Debbie Carroll and Rachel Ringland  
Program Committee  
2009 CAMT Conference



*Quand un homme chante et ne peut se faire entendre, et qu'un autre, capable d'élever la voix vient et chante avec lui, le premier sera alors en mesure de se faire entendre. C'est là le secret du lien entre l'esprit et l'esprit*

Rabbi Pinhas of Koretz (1947). In M. Buber. *Tales of the Hasidim: The early masters*. New York: Schocken.

Il nous fait grand plaisir de présenter le *Livre des résumés* du 35<sup>e</sup> congrès annuel de l'Association de musicothérapie du Canada, qui s'est tenu à l'Université d'Ottawa du 6 au 10 mai 2009.

Le thème du congrès, *Une chanson pour tous: la voix de la musicothérapie*, servait à plusieurs fins. Un des principaux aspects de ce congrès était d'explorer l'utilisation de la voix en musicothérapie, le thème en soi était une métaphore pour les diverses contributions faites par des musicothérapeutes dans la formation, la recherche et la pratique, et il illustre aussi la nouvelle 'voix' que la musicothérapie ajoute aux soins de santé au Canada et dans le monde.

Cette année, nous avons accueilli un total de 65 conférencières - conférenciers venus d'Australie, Belgique, Canada et des États-Unis. Afin de donner la "voix" au plus grand nombre possible de conférenciers, nous avons jumelé quelques conférenciers qui nous ont soumis des sujets de présentation similaires. Dans ces cas, chaque conférencière-conférencier avait 45 minutes pour sa présentation dans une plage horaire de 90 minutes intitulée *En Cœur*.

Nous avons regroupé les présentations en six sections comme suit:

- Partie 1      Conférences
- Partie 2      Ateliers
- Partie 3      Table rondes
- Partie 4      Conférences principales
- Partie 5      Ateliers pré-congrès
- Partie 6      La musicothérapie en oncologie, Formation avancée, Niveau I

Les trois premières parties comprennent les descriptions des propositions du congrès (avec bibliographies) que nous avons reçues en réponse à l'Appel de Conférence. Elles sont présentées dans la langue de soumission. Les présentations jumelées *En Cœur* sont indiquées avec un astérisque. Les 3 dernières parties incluent les textes bilingues des présentations telles qu'elles figurent dans le programme du congrès :

[http://www.musictherapy.ca/docs/conference/PROG\\_CAMT\\_2009\\_P\\_01\\_44\\_V3.pdf](http://www.musictherapy.ca/docs/conference/PROG_CAMT_2009_P_01_44_V3.pdf)

Nous espérons que vous trouverez enrichissantes et inspirantes le vaste choix et la haute qualité des présentations qui sont incluses dans ce *Livre des résumés*.

Debbie Carroll et Rachel Ringland  
Comité de programmation  
Congrès 2009 de l'AMC

# **PART 1 / PARTIE 1**

## **PAPER PRESENTATIONS / CONFÉRENCES**

## Vocal psychotherapy: When words sing and music speaks

DR. DIANE AUSTIN, PhD, LCAT, ACMT

This lecture will describe the power of music and the voice within a psychotherapeutic context. Through audio taped case examples from my work in private practice with adults, I will describe how songs, singing and vocal improvisation can be used in various stages of the healing process to access and work through early childhood wounds. "Vocal Holding", "Free Associative Singing" and other techniques developed by the presenter will demonstrate some of the ways in which these techniques work to facilitate a therapeutic regression so that clients can recover lost, dissociated aspects of themselves. These parts of the personality can then be related to and gradually integrated through music and verbal processing, resulting in a more complete, cohesive sense of self and identity.

### References

- Austin, D. (2009). *Vocal Psychotherapy: Theory and Practice*. London, UK: Jessica Kingsley.
- Austin, D. (In Press). *When the Bough Breaks: Vocal Psychotherapy and Traumatized Adolescents*. Beth Israel Publications..
- Austin, D. (2008). Music Therapy and Vocal Psychotherapy. In N.Seki (Ed.), *Creative Arts Therapy*. Language: Japanese. Tokyo, Japan: Film Art Publisher.
- Austin, D. (2007a). Lifesongs: Music Therapy with Adolescents in Foster Care. In V.Camilleri (Ed.), *Healing the inner city child: Creative arts therapies with at-risk youth*. London, UK: Jessica Kingsley Publishers.
- Austin, D. (2007b). Vocal Psychotherapy. In B.J. Crowe ( Ed.), *Best Practice in Music Therapy for Adults, Adolescents and Children with Psychiatric Disabilities*. Silver Spring, MD: American Music Therapy Association.
- Austin, D. (2006) In-Depth Music Psychotherapy. *Voices: The Art and Science of Psychotherapy*, 42 (2).
- Austin, D. (2006). Songs of the Self: Vocal Psychotherapy For Adults Traumatized as Children. In L. Carey (Ed.) *Expressive/Creative Arts Methods for Trauma Survivors*. London, U.K: Jessica Kingsley Publishers.
- Austin, D. (2006). Voice Psychotherapy. In H.J.Chong ( Ed.), *Techniques, Methods and Models in Music Therapy*. Seoul,Korea: Hakjisa Publishers.
- Austin, D. & Forinash, M. (2005). Arts-Based Research. In B.L. Wheeler (Ed.), *Music Therapy Research: Volume Two*. Gilsum, NH: Barcelona Publishers.
- Austin, D. (2004). *When Words Sing and Music Speaks: A Qualitative Study of In Depth Music Psychotherapy With Adults*. Doctoral Dissertation. UMI Number 3110989.
- Austin, D. (2002a). The Wounded Healer: A Response to 'The Journey through a Barren Landscape to Practicing Music Therapist'. *British Journal of Music Therapy*, 16 (2).
- Austin, D. (2002b). The Voice of Trauma: A Wounded Healer's Perspective. In J.Sutton (Ed.), *Music, Music Therapy &Trauma: International Perspectives*. London, UK: Jessica Kingsley Publishers.
- Austin, D. (2001a). In Search of the Self: The Use of Vocal Holding Techniques With Adults Traumatized as Children. *Music Therapy Perspectives*, 19(1).
- Austin, D. & Dvorkin, J. (2001b) Peer Supervision in Music Therapy. In M.Forinash (Ed.), *Music Therapy Supervision*. Gilsum, NH: Barcelona Publishers.
- Austin, D. & Dvorkin, J (2001c). Peer Supervision in Music Therapy. In M.Forinash (Ed.), *Music Therapy Supervision*. Tokyo, Japan: Ningen to Rekishi sha Ltd. Tokyo Family Building 3-5Kanda Surugadai Chiyodao-ku, Tokyo 100-0062 Japan.

- Austin, D. (1999a). Vocal Improvisation in Analytically Oriented Music Therapy with Adults. In T.Wigram and J.DeBacker (Eds.), *Clinical Applications of Music Therapy in Psychiatry*. London, UK: Jessica Kingsley Publishers.
- Austin, D. (1999b). Many Stories, Many Songs. In J.Hibben ( Ed.), *Inside Music Therapy: Client Experiences*. Gilsum, NH: Barcelona Publishers.
- Austin, D. (1999c) Cancoes do Self: Canto Improvisado em Musicoterapia Analitica-Junguiana. In Lia Rejane Mendes Barcellos (Ed.), *Musicoterapia:Transferencia, Contratransferencia E Resistencia*. Rio de Janeiro, Brazil: Enelivros Editora E Livraria Ltda.
- Austin, D. (1999d) Clinical Editor for The Margules Program: *Music Therapy with Adolescents in Foster Care* by A.Jeffrey Friedberg.N.Y.C.N.Y.: Turtle Bay Music School.
- Austin, D. (1998). When the Psyche Sings: Transference and counter transference in improvised singing with individual adults. In K. Brusica (Ed.), *The Dynamics of Music Psychotherapy*. Gilsum, NH: Barcelona Publishers.
- Austin, D. (1996). The Role of Improvised Music in Psychodynamic Music Therapy with Adults. *Music Therapy*, 14 (1).
- Austin, D. (1993a). Projection of Parts of the Self onto Music and Musical Instruments. In G.M. Rolla (Ed.), *Your Inner Music*. Wilmette, Ill.: Chiron Publications.
- Austin, D. & Dvorkin, J. (1993b). Resistance in Individual Music Therapy. *The Arts in Psychotherapy*. 20(5).
- Austin, D. (1991). The Musical Mirror: Music Therapy for the Narcissistically Injured. In K. Bruscia (Ed.), *Case Studies in Music Therapy*. Phoenixville, PA: Barcelona Publishers.

---

<b>Community music therapy in community mental health</b>
---

SUE BAINES, BMus, BMT, MA, FAMI, MTA  
 GRAEME DANKO, BMT, MTA (in process)

Ten years ago, a consumer initiated community mental health music therapy program was piloted through the largest community mental health service provider in the Lower Mainland of British Columbia. In 2000, the consumers of this program were surveyed, the results of which were presented at the CAMT Conference and published in the *Canadian Journal for Music Therapy*, and subsequently posted on *Voices*, the on-line international forum for music therapy. Since that time, the overall process of the program has remained essentially the same with participation of core members and new members fluctuating over time. This music therapy process, which is based on Sue Baines Master's thesis and subsequent research, has been cited in recent years (Hadley, 2006; Wheeler, 2007; Edwards & Hadley, 2005), prompting this revisiting of the topic with fresh eyes and a more comprehensive approach. The current evaluation will not only include consumer surveyed data, but also material collected through interviews with consumers. In addition, the perceptions of staff and management will be presented. Both the music therapy process and the aforementioned perspectives on the process will be discussed.

### References

- Baines, S. (2000). A consumer-directed and partnered community mental health music therapy program: Program development and evaluation. *Canadian Journal of Music Therapy*, Vol. VII, no. 1, Fall.

- Edwards, J. & Hadley, S. (2005). Expanding music therapy practice: Incorporating the feminist frame. *The Arts in Psychotherapy* (34), 199-207.
- Hadley, S. (Ed.) (2006). *Feminist Perspective in Music Therapy*. Gilsum, NH: Barcelona Publishers.
- Wheeler, B. (2007). *Staying on the Crest with Music Therapy Research*. Keynote Address, 33<sup>rd</sup> annual CAMT Conference, Victoria, B.C., May 2007.
- 

***La perception émotionnelle musicale en psychopathologie: et si la joie sonnait comme la peur? / Emotional perception of music in psychopathology: And what if joy sounds like fear?***

MARIANNE BARGIEL, MA, MTA, PhD (candidate)

La musique est reconnue pour sa capacité à évoquer des émotions spécifiques (Sloboda & Juslin, 2001; Vieillard, Peretz, Gosselin, Khalfa, Gagnon & Bouchard, 2008). La perception émotionnelle musicale semble suivre les règles du décodage perceptif de l'émotion faciale (Cuthbert, Bradley & Lang, 1996). La capacité innée à percevoir émotionnellement la musique d'une façon immédiate, directe et profonde aurait une fonction de survie biologique comme agent de cohésion sociale (Peretz, 2001). L'usage universel de la berceuse, qui en est l'exemple prototypique par excellence, illustre bien la fonction de régulateur émotionnel de la musique, laquelle est centrale dans l'établissement et le maintien des liens d'attachement (Trehub, 2001), les capacités d'autorégulation émotionnelle étant par la suite fondamentales pour le développement cognitif et socioémotionnel de l'individu (Diamond & Aspinwall, 2003). Or, la dérégulation émotionnelle est caractéristique des troubles psychopathologiques (Cole, Michel & O'Donnell Teti, 1994; Emde, 1998) avec, parmi d'autres conséquences graves, la difficulté à établir ou maintenir des liens d'attachement (Kumin, 1996). En tablant sur les propriétés régulatrices de la musique, la musicothérapie s'inscrit parmi les psychothérapies permettant d'améliorer la compétence affective et sociale de la personne atteinte d'un trouble mental sévère ou persistant (Unkefer & Thaut, 2002). Toutefois, bien que les déficits de la perception faciale soient documentés pour la schizophrénie (Shaw, Dong, Lim, Faustman, Pouget & Alpert, 1999), et la dépression (Sloan, Bradley, Dimoulas & Lang, 2002), on en sait peu sur le traitement de l'information musicale émotionnelle chez ces populations. La présente étude compare pour ces deux groupes cliniques la perception émotionnelle en modalité musicale et faciale à l'aide de batteries normalisées. Le contexte théorique, la méthode et les données préliminaires obtenues à ce jour feront l'objet principal de cette présentation.



Music is known for its potential to evoke specific emotions (Sloboda & Juslin, 2001; Vieillard, Peretz, Gosselin, Khalfa, Gagnon, & Bouchard, 2008). Emotional perception of music seems to parallel the rules of perceptual decoding of facial emotions (Cuthbert, Bradley & Lang, 1996). The innate capacity to perceive music emotionally in an immediate, direct, and profound manner might serve biological survival as an agent of social cohesion (Peretz, 2001). The universal use of the lullaby, a prototypical example of this, illustrates music's function in emotional regulation which is central to the establishment and maintenance of attachment bonds (Trehub, 2001). Emotional self-regulation, then, becomes fundamental for cognitive and socio-emotional development (Diamond & Aspinwall, 2003). On the other hand, emotional dysregulation is a typical feature of psychopathology (Cole, Michel, & O'Donnell Teti, 1994; Emde, 1998) with, among other severe consequences, a difficulty to establish or maintain attachment bonds

(Kumin, 1996). In relying on the regulating properties of music, music therapy is a psychotherapy which can improve affective and social abilities in people with severe or persistent mental disorders (Unkefer, & Thaut, 2002). Although deficits in facial perception for schizophrenia (Shaw, Dong, Lim, Faustman, Pouget, & Alpert, 1999), and for depression (Sloan, Bradley, Dimoulas, & Lang, 2002) are documented, little is known about how these populations process emotional information in music. This study uses standardized tests to compare emotional perception of music and facial expressions in the two clinical populations. Theoretical context, research method, and preliminary data will be presented.

## Références

- Cole, P. M., Michel, M. K., & O'Donnell Teti, L. (1994). The development of emotion regulation and dysregulation : A clinical perspective. *The development of emotion regulation : Biological and behavioral considerations. Monographs of the Society for Research in Child Development*, 59(2-3, No de Série 240), 73-100.
- Cuthbert, B. N., Bradley, M. M., & Lang, P. J. (1996). Probing picture perception: Activation and emotion. *Psychophysiology*, 33, 103-111.
- Diamond, L. M., & Aspinwall, L. G. (Juin 2003). Emotion regulation across the life span: An integrative perspective emphasizing self-regulation, positive affect, and dyadic processes. *Motivation and Emotion*, 27(2), 125-156.
- Emde, R. N. (1998). Early emotional development : New modes of thinking for research and intervention. Section 1. Critical importance of emotional development. *Pediatrics*, 102(5), 1236-1243.
- Kumin, I. (1996). Pre-object relatedness: Early attachment and the psychoanalytic situation. New York: Guildford Press.
- Peretz, I. (2001). Listen to the brain: A biological perspective on musical emotions. Dans P. N. Juslin & J. A. Sloboda (Éds), *Music and emotion: Theory and research* (105-134). Oxford : Oxford University Press.
- Shaw, R. J., Dong, M., Lim, K. O., Faustman, W. O., Pouget, E. R., & Alpert, M. (1999). The relationship between affect expression and affect recognition in schizophrenia. *Schizophrenia Research*, 37, 245-250.
- Sloan, D. M., Bradley, M. M., Dimoulas, E., & Lang, P. J. (2002). Looking at facial expressions: Dysphoria and facial EMG. *Biological Psychology*, 60, 79-90.
- Sloboda, J. A., & Juslin, P. N. (2001). Psychological perspectives on music and emotion. Dans P. N. Juslin & J. A. Sloboda (Éds), *Music and emotion: Theory and research* (71-104). Oxford : Oxford University Press.
- Trehub, S. E. (2001). Musical predispositions in infancy. Dans R. J. Zatorre & I. Peretz (Éds), *The biological foundations of music* (Vol. 930), (1-16.). New York: Annals of the New York Academy of Sciences.
- Unkefer, R. F., & Thaut, M. H. (2002). *Music therapy in the treatment of adults with mental disorders: Theoretical bases and clinical interventions*. Saint Louis, MO: MMB.
- Vieillard, S., Peretz, I., Gosselin, N., Khalifa, S., Gagnon, L. & Bouchard, B. (2008). Happy, sad, scary and peaceful musical excerpts for research on emotions. *Cognition and Emotion*, 22(4), 720-752.

**L'héritage de Josée Préfontaine : une grille d'analyse d'improvisation en  
musicothérapie / Josée Préfontaine's legacy: A tool for analyzing improvisations in  
music therapy**

MARIANNE BARGIEL, MA, MTA, PHD (candidate)

LINDA LABBÉ; BMus, MTA

GUYLAINE VAILLANCOURT, MA, MTA, PHD (candidate)

« La musicothérapie est une psychothérapie [...] dont la tâche fondamentale est l'ouverture de voies de communication (Ducourneau, 1989; Vallée, 1995) à partir du phénomène sonore et du corps producteur de son (Benenzon, 1992). Ceci fait du musicothérapeute un être de relation qui s'appuie sur le phénomène sonore pour donner droit de cité au corps, à la voix, à la sensibilité, à l'intuition et à la créativité de son client dans le but de compléter ou dans certains cas de pallier à la parole et à la rationalité (Préfontaine & Denis, 2004).

Quand client et thérapeute créent de la musique ensemble, ils font de l'improvisation clinique. Cette pratique spécifique à la musicothérapie prend appui sur les ressources de toutes les personnes en présence, client(s) et thérapeute. La recension des écrits révèle l'importance de l'improvisation clinique dans la théorie et la pratique de la musicothérapie (Aigen, 1996; Arnason, 1998; Bruscia, 1987a, 2001; Forinash, 1992; Kenny, 1987; Nordoff & Robbins, 1977; Ruud, 1995). Ceci donne un poids important à l'improvisation clinique dans le champ de la musicothérapie et, de ce fait, à la formation à l'improvisation clinique (Bruscia, 1987b; Maranto & Bruscia, 1987, 1988; Pedersen, 1995).

La formation à l'improvisation clinique est ici conçue comme une formation à l'expression sonore mettant en jeu l'être musical de l'apprenant (Nordoff & Robbins, 1977; Préfontaine, 2001) qui s'actualise dans le champ du jeu (Kenny, 1989; Préfontaine, 1997, 2001). Ceci engage l'apprenant dans une expérience esthétique (Aigen, 1995; Lee, 2000; Préfontaine & Denis, 2004) où l'exploration mène à l'expression (Stern, 1976). Un tel type de formation implique la réalisation d'improvisations et leur analyse (Priestley, 1975). Or, les grilles d'analyse existantes présentent des problèmes : soit qu'elles relèvent du domaine de la thérapie et ne s'appliquent pas à un contexte de formation, soit qu'elles se penchent uniquement sur des considérations musicales, soit qu'elles soient tributaires d'une orientation théorique particulière qui ne se prête pas à une utilisation dans d'autres contextes »  
(Préfontaine, 2006, pp. viii-ix)

La grille d'analyse d'improvisation, qui est à la base du modèle de formation à l'improvisation clinique développé par Josée Préfontaine (2006) fera essentiellement l'objet de cette présentation. Le contexte théorique et la méthode de recherche seront d'abord brièvement présentés. Les concepts et items de la grille seront ensuite définis pour permettre aux participants d'expérimenter l'utilisation de la grille d'analyse avec quelques exemples sonores d'improvisations.



Music therapy is a psychotherapy [...] in which the fundamental purpose is to open channels of communication (Ducourneau, 1989; Vallée, 1995) using sound and the body as a producer of sound (Benenzon, 1992). This makes the music therapist a relational being who relies on sound to give expression to the body, voice, sensitivity, intuition, and

creativity of his client, the goal being to complete or, in some cases, compensate for speech and rationality (Préfontaine & Denis, 2004).

Clinical improvisation takes place when the client and therapist create music together. This specific music therapy practice relies on the resources of all the people present, the client(s) and the therapist. A literature review shows the importance of clinical improvisation in music therapy theory and practice (Aigen, 1996; Arnason, 1998; Bruscia, 1987a, 2001; Forinash, 1992; Kenny, 1987; Nordoff & Robbins, 1977; Ruud, 1995). Given its importance in the field of music therapy, training in clinical improvisation is, consequently, also important. [(Bruscia, 1987b; Maranto & Bruscia, 1987, 1988; Pedersen, 1995)].

Training in clinical improvisation is conceptualized here as a training in sound expression which engages the musical being of the trainee (Nordoff & Robbins, 1977; Préfontaine, 2001) who thus actualizes herself in the field of play (Kenny, 1989; Préfontaine, 1997, 2001). This brings the trainee into an aesthetic experience (Aigen, 1995; Lee, 2000; Préfontaine & Denis, 2004) where exploration leads to expression (Stern, 1976). This type of training involves performing improvisations and analyzing them (Priestley, 1975). However, the existing analysis tools are problematic in certain respects: some are much too therapy driven and do not apply to the context of training, others focus exclusively on music, and still others are so dependant on a particular theoretical orientation that they cannot be used in other contexts” (Préfontaine, 2006, pp. viii-ix).

Josée Préfontaine's tool for analyzing improvisations, which is at the basis of the clinical improvisation training model she developed (Préfontaine, 2006), will be the subject of this presentation. Her theoretical context and research methods will be briefly presented. The concepts and specific items of the tool will then be defined to allow participants to experiment with applying them to examples of musical improvisations.

## Références

- Aigen, K. (1995). An aesthetic foundation of clinical theory: An underlying basis of Creative Music Therapy. In C. B. Kenny (dir. publ.), *Listening, playing creating: Essays on the power of sound* (234-257). Albany, NY: State University of New York Press.
- Aigen, K. (1996). *Being in music: Foundations of Nordoff-Robbins music therapy* (The Nordoff-Robbins music therapy monograph series No. 1). St. Louis, MO: MMB Music.
- Arnason, C. (1998). *The experience of music therapists in an improvisational music therapy group*. Thèse de doctorat, New York, New York University.
- Benenson, R. (1992). *Théorie de la musicothérapie à partir du concept de l'Iso*. Parempuyre, France: Éditions du Non Verbal.
- Bruscia, K. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C. Thomas.
- Bruscia, K. E. (1987b). Professional identity issues in music therapy education. In C. D. Maranto et K. E. Bruscia (dir. publ.), *Perspectives on music therapy education and training* (17-29). Philadelphie, PA: Temple University, Esther Boyer College of Music.
- Bruscia, K. E. (2001). A qualitative approach to analysing client improvisations. *Music Therapy Perspectives*, 19(1), 7-21.
- Ducourneau, G. (1989). *Musicothérapie : Clinique, technique, formation*. Toulouse: Privat.
- Forinash, M. (1992). A phenomenological analysis of Nordoff-Robbins approach to music therapy: The lived experience of clinical improvisation. *Music Therapy*, 11(1), 120-141.

- Kenny, C. B. (1987). *The field of play: a theoretical study of music therapy process*. Thèse de doctorat, Ann Arbor, MI: The Fielding Institute.
- Kenny, C. B. (1989). *The field of play: A guide for the theory and practice of music therapy*. Atascadero, CA: Ridgeview.
- Lee, C. (2000). A method of analyzing improvisations in music therapy. *Journal of British Music Therapy*, 12(1), 1-13.
- Maranto, C. D., & Bruscia, K. (1987). *Perspectives on music therapy education and training*. Philadelphie: Temple University, Esther Boyer College of Music.
- Maranto, C. D., & Bruscia, K. (1988). *Methods of teaching and training the music therapist*. Philadelphie: Temple University, Esther Boyer College of Music.
- Nordoff, P., & Robbins, C. (1977). *Creative music therapy: Individualized treatment for the handicapped child*. New York: John Day.
- Pedersen, I. N. (1995). La experiencia vivencial como metodologia didactica en musicoterapia. *Revista internacional latino-americana de musicoterapia*, 1, 26-36.
- Préfontaine, J. (1997). Apprendre la musicothérapie et devenir musicothérapeute : la dimension expérientielle. *Revue canadienne de musicothérapie/Canadian Journal of Music Therapy*, 5(1), 1-25.
- Préfontaine, J. (2001). L'être musical, le champ du jeu et l'expérience esthétique en musicothérapie active. *La dimension artistique dans les psychothérapies par les arts : comment témoigner de notre pratique ? Actes du 1er colloque intersectoriel sur les psychothérapies par les arts* (11-27).
- Préfontaine, J. (2006). *La formation à la musicothérapie*. Thèse de doctorat, Trois-Rivières, Université du Québec à Trois-Rivières.
- Préfontaine, J., & Denis, M.-C. (2004). La personne âgée en musicothérapie active. In J.-L. Sudres, G. Roux, M. Laharie & F. De La Fournière (dir. publ.), *La personne âgée en art-thérapie : De l'expression au lien social* (pp. 117-141). Paris: L'Harmattan.
- Priestley, M. (1975). *Music therapy in action*. Londres: Constable.
- Ruud, E. (1995). Improvisation as a liminal experience : Jazz and music therapy as modern "rites de passage". In C. B. Kenny (dir. publ.), *Listening, playing, creating: Essays on the power of sound* (p. 91-117). Albany, NY: State University of New York Press.
- Stern, A. (1976). *L'expression ou l'homo-vulcanus* (2e éd.). Neuchâtel/Paris: Delachaux et Niestlé.
- Vallée, R. (1995). *L'intervention rééducative dans l'espace du langage. Sa dimension pédagogique, sa dimension thérapeutique*. Parempuyre (France): Éd. du Non Verbal.

---

<b>Creating vocal music together in a women's prison</b>
--

HÉLÈNE CENTURY, MTA

Within the framework of an artist-in-residence project, the presenter conducted a creative vocal workshop with a group of 6 women incarcerated in Tanguay Prison. This took place during a period of three weeks in July 2008. The presentation will begin with an overview of the project, the institution involved, the selection process of participants, the group's format and conditions. Next, a description and analysis of the creative process, the emotional and cognitive work done by the women, as well as the group dynamics which took place will be presented, supported by audio documentation. Finally, issues specific to the carceral world (i.e. notions of guilt, incarceration, social justice) and the differences between the role of music therapist and that of artist will be examined.

## Références

- Hamelin, M. (1989). *Femmes et prisons*. Éditions du Méridien
- Moses, P.J. (1985). *Voice of neurosis*. New-York : Grune & Stratton.
- CD *Souvenirs anonymes* – Produit par Mohamed Lotfi, disques musi-arts.
- CD *Derrière les barreaux* : 25 chansons. Réalisé par Gaetan Richard. (à la Bibliothèque Nationale, document spécial).
- 

## Learning to listen and speak through music: Music Therapy in oral deaf education

BETH CLARK, MM, MTA, MT-BC

This session is designed for professionals interested in early intervention strategies for children who are deaf/hard of hearing. The presenter provides music therapy programming at the Vancouver Oral Centre for Deaf Children, serving children ages 0 through 8, who utilize their residual hearing, hearing aids and/or cochlear implants in developing language and listening skills. The presentation will offer an overview of contemporary oral deaf education and relevant music therapy research. Issues related to cochlear implant recipients' experiences with music will be discussed. Attention will be given to the diverse needs of children depending on their level of residual hearing and the age at which they receive cochlear implants. This information will be highly relevant to therapists who encounter children with hearing aids and cochlear implants in a variety of settings.

Participants will learn about music therapy assessment, goals, and strategies for children and their families. The unique needs of children in oral deaf education will be explored, and specific social, emotional, communication, literacy, motor, and expressive arts goals will be introduced. Effective interventions will be discussed with emphasis placed on how to modify specific music and literacy techniques to address the needs of cochlear implant recipients within an oral deaf education framework. Multimedia examples will highlight how children's mastery of language, literacy, and social skills can be promoted through singing, instrumental playing, improvisation, composition, and integration of music with other expressive arts.

## References

- Chute, P.M. & Nevins, M.E. (2003). Education challenges for children with cochlear implants. *Topics in language disorders, 23* (1), 57-67.
- Gfeller, K. (1990). A cognitive-linguistic approach to language development for the preschool child with hearing impairment: Implications for music therapy practice. *Music Therapy Perspectives, 8*, 47-51.
- Gfeller, K. & Baumann, A.A. (1998). Assessment procedures for music therapy with hearing impaired children: Language development. *Journal of Music Therapy, 25* (4), 192-205.
- Mitani, C., Takayuki, N., Trehub, S.E., Kanda, Y., Kumagami, H., Takasaki, K., Miyamoto, I., & Takahashi, H. (2007). Music recognition, music listening, and word recognition by deaf children with cochlear implants. *Ear & Hearing, 28* (2S), 29S-33S.
- Nicholas, J.G. & Geers, A.E. (2007). Will they catch up? The role of age cochlear implantation in the spoken language development of children with severe to profound hearing loss. *Journal of Speech, Language, and Hearing Research, 50*, 1048-1062.

- Robbins, A.M. (2003). Communication intervention for infants and toddlers with cochlear implants. *Infants and Children with Cochlear Implants*, 23 (1), 16-33.
- Schorr, E.A., Fox, N.A. & Roth, F.P. (2004). Social and emotional functioning of children with cochlear implants: description of the sample. *International Congress Series*, 372-375.
- Spencer, L.J., Barker, B.A. & Tomlin, J.B. (2003). Exploring the language and literacy outcomes of pediatric cochlear implant users. *Ear & Hearing*, 24 (3), 236-247.
- 

**L'impact physique des fréquences sonores et lumineuses à travers le quartz /  
The physical impact of light and sound frequencies through  
the use of quartz crystals**

PASCAL COMEAU, MM, MTA\*

\*jumelé avec Pamela Holm (p.22) *En Cœur* / paired with Pamela Holm (p.22) as *Voicings*

Une recherche empirique sur l'impact physique des ondes électromagnétiques produites par des fréquences sonores et lumineuses spécifiques passées à travers le quartz, propose certains résultats intéressants pour la santé en général. L'application des ondes électromagnétiques sur certains points du corps, crée une vitalisation qui se répercute de façon positive à l'ensemble des organes du corps. La méthode sera expliquée et les résultats de la recherche seront mentionnés telle la description d'un centre d'énergie du corps en santé et les applications possibles de cette technique.



An empirical study of the physical impact of electromagnetic waves produced by light and sound frequencies of quartz crystals provides interesting results for one's well-being in general. Applying electromagnetic waves to certain parts of the body can have a positive effect on the internal organs as a whole. The presenter will explain the method and results of this study as it relates to a description of the body's energy centre, as well as possible therapeutic applications.

### Références

- Bourgault, L. (1997). *The American Indian secrets of crystal healing*. Berkshire, UK: Foulsham & Co.
- Labonté, M.-L. (2005). *Maître de ses Chakras, Maître de sa vie*. Laretteville : Qc : Édition Le Dauphin Blanc.
- Martel, J. (1998). *Le grand dictionnaire des malaises et des maladies*. Arlington Heights, MA : Atma Publishing.
- Raloff, J. (1999). Harnessing electric and magnetic fields for healing and health. *Science News*. 156 (20), 316.
- Simpson, L. (1997). *The Book of Crystal Healing*. London, UK: Gaia Books.

## **In transition: Exploring music therapy interventions with children in kinship care**

ALESYA COURTNAGE, MA, MTA\*

\*paired with Elizabeth Mitchell (p.29) as *Voicings*

In April 2007, the Etobicoke Children's Centre, the Catholic Children's Aid Society of Toronto (CCAS) and the Children's Aid Society of Toronto (CAS-T) developed an initiative to provide Music and Art Therapy services to children aged 6-12 in Kinship Care (children who were removed from their biological families and placed with kin as a result of neglect or abuse). This presentation will include a discussion of the clinical music therapy interventions used in both group and individual sessions, a description of some of the challenges faced in implementing a program of this type, case examples, and findings from the research component of this project.

**References:** Unavailable

---

## **Four Voices: Exploring the evidence-based practice of music therapy in mental health and substance use treatment**

TONY DIGIACOMO, MA, MTA, CCC

HANNAH YOU, BMus, MMT (candidate) \*

\*paired with Michael Silverman (p.35) as *Voicings*

The past five years have seen an increase in evidence-based research asserting the effectiveness of music therapy with mental health populations. The Cochrane Database of Systemic Reviews (2005), a gold standard for evidence-based practice, state that "music therapy helps people with schizophrenia or schizophrenia-like illnesses improve their global state, mental state and social functioning". This research was supported by similar studies in *The British Journal of Psychiatry* (2006) and the journal *Evidence-Based Mental Health* (2007). There is also recent research to suggest that music therapy will soon reach evidence-based practice status with the treatment of depression (Pope, 2008) and substance use disorders (Dingle et al., 2008). This presentation aims to analyze the themes of this current research through four case examples, featuring clients with diagnoses of schizophrenia, schizo-affective disorder, bi-polar disorder and concurrent substance use disorder. These case examples also illustrate the use of music therapy interventions such as improvisation and song writing. Each example is separated into four sections: 1) case history and music therapy treatment; 2) recorded example of the client's session content, 3) discussion of the client's recorded session content, and 4) recorded statement by the client commenting on his experience in music therapy treatment. Following the presentation, there will be a discussion on the state of music therapy in mental health in Canada.

### **References**

Dingle, G. A., Gleadhill, L., Baker, F. A. (2008). Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment? *Drug & Alcohol Review*, 27(2), 190-196.

- Gold C., Heldal T. O., Dahle T., & Wigram T. (2005). Music therapy for schizophrenia or schizophrenia-like illnesses. *The Cochrane database of systematic reviews*, 2, 1-21. London: Wiley Publishers.
- Gold, C. (2007). Music therapy improves symptoms in adults hospitalized with schizophrenia. *Evidence Based Mental Health*, 10, 77.
- Parker-Pope, T. (2008, April 22). Using music to lift depression's veil. *The New York Times*.
- Talwar, N., Crawford, M. J., Maratos, A., Nur, U., McDermott, O., & Procter, S. (2006). Music therapy for in-patients with schizophrenia. *The British Journal of Psychiatry*, 189, 405-409.
- 

## **The contribution of music improvisation to the creation of verbal life narratives of persons living with schizophrenia**

LILLIAN EYRE, PHD, MT-BC, MTA

The construction of a personal narrative is a creative act that gives meaning to life experience. One of the main tenets of narrative therapy is that the stories we believe about ourselves influence how we live our lives in the present and how we shape our future. Persons who live with schizophrenia struggle to create coherent stories of personal identity that contribute to the development of their human potential. Recent research on persons living with schizophrenia has revealed that the ability to create narratives is significant in understanding and treating the disorder for two reasons: 1) the ability to narrate about their lives is affected by the symptoms of schizophrenia, and 2) helping persons with schizophrenia to narrate life experience is an effective way of treating the disorder. This presentation will describe the results of a qualitative inquiry into the contribution of music improvisation to the verbal narratives created by eight persons with schizophrenia. Employing a narrative inquiry design, role of music in the creation of musically-prepared verbal narratives and non musically-prepared verbal narratives were analyzed according to narrative content, form, and sense of self. In a comparison of the two kinds of narratives, it was concluded that for the majority of participants, music improvisation contributed to narrative development by: increasing positive emotion, decreasing negative emotion, improving affective tone, decreasing defensiveness, improving narrative coherence, containing psychotic thoughts, and increasing one's sense of agency and awareness of relationships. Clinical implications will be discussed including how the development of a music narrative treatment might help persons living with schizophrenia to create more meaningful life stories, and ultimately, more personally fulfilling lives.

### **References**

- Bruscia, K. (1987). Dynamics and process. In *Improvisational models of music therapy* (558-573). Springfield, Illinois: Charles C. Thomas Publisher
- Lysaker, P.H. & Buck, K.D. (2006a). Moving toward recovery within clients' personal narratives: Directions for a recovery-focused therapy. *Journal of Psychosocial Nursing and Mental Health Services*, 44(1), 28-35.
- Polkinghorne, D. (1996). Transformative narratives: From victimic to agentic life plots. *The American Journal of Occupational Therapy*, 50(4), 299-305.
- White, M. (1995). Psychotic experience and discourse. In *Re-authoring lives: Interviews & Essays* (112-154). Adelaide: Dulwich Centre Publications.

## Medical Music Therapy and kidney disease: The development of a clinical approach for persons receiving hemodialysis

LILLIAN EYRE, PHD, MT-BC, MTA

Chronic disease, in particular, chronic kidney disease (CKD) is a growing concern in Canada. Given the frequent medical crises that these clients endure, many persons CKD have psychosocial needs that have been overlooked. Recent research suggests that there is a relationship between psychosocial problems, particularly depression, and outcomes for CKD. Although music therapy has been used in the medical setting to treat similar psychosocial problems, there are no clinical studies and only one research study published in the music therapy literature to date. This presentation will describe a unique medical music therapy clinical project in which clients were offered individual music therapy sessions while undergoing hemodialysis treatment in a general hospital. Problems that are particular to these clients will be discussed, and a protocol that was designed for assessing, treating, and evaluating the music therapy treatment will be presented. A model of treatment called the *decision tree* was constructed to facilitate making therapeutic choices of music therapy methods for particular problems according to client preferences. Three case studies will be presented to illustrate how this model was used, and to illustrate typical effects of music therapy. While formal research was not conducted in this project, some clients rated themselves on a number of measures before and after sessions. They found music therapy to be helpful in relieving anxiety, altering mood, and reducing pain. Implications for clinical practice and research for persons on hemodialysis will be discussed.

### References

- Chambers, E., Germain, M., & Brown, E. (Eds.) (2004). *Supportive care for the renal patient. Volume 1*. Oxford: Oxford University Press.
- Dileo, C. (Ed.) (1999). *Music therapy & medicine: Theoretical and clinical applications*. Silver Spring: American Music Therapy Association.
- Hailey, B., Moss, S. B., Street, R., Gersh, H., Calabrese, A., & Campbell, C. (2001). Mental health services in an outpatient dialysis practice. *Dialysis & Transplantation*, 30(11), 732-739.
- Schuster, B. L. (1985). The effect of music listening on blood pressure fluctuations in adult hemodialysis patients. *Journal of Music Therapy*, 22(3), 146-153.
- Welch, J. & Austin, J. (2001). Stressors, coping and depression in hemodialysis patients. *Journal of Advanced Nursing*, 33(2), 200-207.

## **Children at play: Exploring play-based music therapy interventions for children with special needs**

WANDA GASCHO-WHITE, MTA\*

\*paired with Petra Kern (p.23) as *Voicings*

The reality facing interventionists, (teachers and therapists) with special-needs children is the fact that it is important to provide significant amounts of 'direct instruction' to help these children learn and develop. Free playtime is at a minimum in the special-needs classroom, and without mediation of some type, many special-needs children are not able to benefit from non-directed programming. Physical disabilities and developmental delays pose serious obstacles to using play materials in a purposeful way. Social play is very difficult for children with speech delays. At the same time, developmental theorists provide convincing arguments that children learn and grow through play that is self-initiated. It is our challenge to facilitate play situations for children with special needs that provide opportunities for self-initiation, cognitive growth and social development.

In my own work, I have been recently reviewing the balance between structured and unstructured group music therapy approaches at Zareinu. At the same time, I have had the opportunity to research and present a class about the Importance of Play in Development to Zareinu staff and found this experience very enlightening in regards to my own approach as a music therapist. At Zareinu we have been developing a number of different music-therapy-as-play approaches with different age-groups and developmental levels. This presentation includes discussion about normal development and play, play-based intervention approaches and practical application of play-theory to music therapy group work with developmentally-delayed and/or physically disabled children between the ages of 2 – 12. It is presented primarily in Powerpoint with accompanying video.

### **References**

- Brazelton, T.B. (1992). *Touchpoints the essential reference - Your child's emotional and behavioral development*. Reading, MA: Addison-Wesley Publishing Company.
- Dworetzky, J.P. (Ed.) (1984). *Introduction to Child Development*. St. Paul, MN: West Publishing Company.
- Elkind, D. (2007). *The power of play: How spontaneous, imaginative activities lead to happier, healthier children*. Cambridge, MA: Da Capo Press.
- Greenspan, S.I. & Wieder, S. (1998). *The child with special needs: Encouraging intellectual and emotional growth*. Reading, MA: Addison-Wesley Publishing Company.
- Schweinhart, L.J. (1987). Child-Initiated Activity: How important is it in Early Childhood Education? *High Scope Resource Magazine*, Spring/Summer (6-10).
- Singer, D.G. & Revenson, T.A. (1997). *A Piaget Primer - How a child thinks*. Madison, CT: International Universities Press, Inc.
- Smith, M.K.(2008). Howard Gardner, Multiple Intelligences and Education.  
[www.infed.org/thinkers/gardner.htm](http://www.infed.org/thinkers/gardner.htm)
- The Hanen Centre, [www.hanen.org/web/Home/tabid/36/default.aspx](http://www.hanen.org/web/Home/tabid/36/default.aspx)

## Comment établir un protocole d'évaluation préliminaire en musicothérapie

LINDA LABBÉ, BMus, MTA

Sans être un expert en docimologie, le musicothérapeute doit développer certaines compétences dans le domaine de la mesure et de l'évaluation. Par exemple en fonction de sa clientèle, le musicothérapeute peut être appelé à bâtir : un formulaire pour l'entrevue, une grille d'observation, une liste de vérification, un bilan préliminaire, un profil musical, etc. Le bilan préliminaire demeure sans doute l'outil le plus utilisé et mérite toute notre attention; c'est à ce moment lors de la première évaluation, que le musicothérapeute doit recueillir les données pour ensuite les interpréter. L'interprétation consiste à porter un jugement de valeur, le plus juste possible, par rapport à son client et prendre une décision à son sujet (décider s'il y a lieu d'intervenir et comment intervenir). La qualité du jugement repose en grande partie sur celle des outils d'évaluations utilisés (MÉQ, 2002). La mesure utilisée pour effectuer un bilan préliminaire est l'observation structurée.

### Références

- Durand, M.-J. (2008). *La démarche de l'évaluation dans une approche basée sur le jugement professionnel*. Revue Vie Pédagogique, No 148. Québec : Ministère de l'Éducation, Loisir et Sport.
- Durand, M.-J. & Chouinard, R. (2006). *L'évaluation des apprentissages, de la planification de la démarche à la communication des résultats*. Montréal : HMH.
- Gouvernement du Québec (2002). *L'évaluation des apprentissages au préscolaire et au primaire, Cadre de référence*. Québec : Ministère de l'Éducation. Direction de la formation des jeunes.
- Gouvernement du Québec (2003). *Politique d'évaluation des apprentissages – Être évalué pour mieux apprendre*. Québec : Ministère de l'Éducation.
- Laurier, M., Tousignant, R. & Morissette D. (2005). *Les principes de la mesure et de l'évaluation des apprentissages*. 3e éd. Montréal: Gaëtan Morin éditeur.
- Monette, M., Charette, M. & Jobin I. (1998). *Planifier et évaluer son intervention, l'élaboration du programme*. 2e éd. Québec : Les Presses Inter Universitaires.

## Parcours d'une pionnière en musicothérapie : Thérèse Pageau (1915-1990) / The journey of a music therapy pioneer: Thérèse Pageau (1915-1990)

CLAIRE LEFEBVRE, MA, MTA

Cette présentation porte sur la vie et la carrière de Thérèse Pageau (1915 - 1990), première musicothérapeute au Québec. Issue d'une famille de onze enfants, Thérèse débute ses études musicales dès l'âge de quatre ans. Suite à l'obtention d'un baccalauréat en musique à l'Université Laval à Québec, elle s'expatrie pour étudier au Conservatoire de Paris et à New York. Par la suite, elle entreprend l'enseignement du piano pendant sept ans. En feuilletant une revue américaine, elle entend parler de musicothérapie et elle décide de suivre des études aux États-Unis à l'Université du Texas. Elle effectue des recherches sur des ouistitis, petits singes miniatures et constate, avec étonnement, que ces singes sont attirés par la musique de Haydn, de Beethoven et de Mozart. En enregistrant leurs réactions, elle note que la musique classique, les excite, les stimule et les tient éveillés ou les apaise et les tranquillise.

Au milieu des années cinquante, trois figures marquent la musicothérapie au Canada: deux de l'Ontario, Norma Sharpe et Fran Herman, et une du Québec, Thérèse Pageau. En 1961, elle obtient un premier emploi en musicothérapie à l'Hôpital des anciens combattants à Sainte-Anne de Bellevue et en 1964, à l'Hôpital Louis H-Lafontaine. Au fil des ans, elle crée à cet endroit, avec ses patients, la "fanfare du village". En 1976, Thérèse Pageau devint la présidente de l'AMC.

Par le biais d'extraits d'entrevues, ceux et celles qui ont côtoyé Thérèse Pageau témoignent de ses qualités de femme entière, déterminée, enthousiaste, énergique et spontanée. Cette pionnière nous a tracé un chemin en musicothérapie, à nous poursuivre sa mission.



This presentation focuses on the life and career of Thérèse Pageau (1915-1990), the first music therapist in Québec. Youngest of a family of 11 children, Thérèse began studying music at the age of 4. After obtaining a bachelor's degree from Laval University, she pursued her music training at the Paris Conservatory and in New York. She then taught piano for 7 years.

While reading an American magazine, she heard about music therapy and decided to study in this field at the University of Texas. She did research on "ouistitis", miniature monkeys, and, to her surprise, found that they were drawn to music, especially to Haydn, Beethoven and Mozart. By recording their reactions, she noted that classical music excited them, stimulated them and would either keep them awake or calm them.

By the mid-fifties, there were three music therapists in Canada - Fran Herman, Norma Sharpe, who were both from Ontario, and Thérèse Pageau. Thérèse worked as the first music therapist at Ste-Anne de Bellevue Veterans' Hospital and then at Louis-H. Lafontaine Hospital in Montreal, where she established a brass band, called "the village fanfare" with her psychiatric patients. In 1976, two years after the founding of CAMT, Thérèse Pageau became its president.

In a series of videotaped interviews, people who were fortunate to have known Thérèse Pageau talk about her determination, enthusiasm, energy, and spontaneity. As a music therapy pioneer, Thérèse paved the road for all of us; it is up to us to continue down this path.

## Références

- Besner, L. *Entrevue avec Thérèse Pageau sur la musicothérapie* pour l'émission "Un dimanche comme ça" pour CBF-AM, 21 novembre 1976
- Brosseau, C. *De la musique à la musicothérapie*, "La Presse", 20 mars 1971
- Pageau, T. *La musicothérapie à l'hôpital Louis-Hippolyte Lafontaine*, "L'interdit", no 260 (novembre-décembre 1977).

## A method for everyone: Qualitative inquiry and music therapy

DR. JENNIFER NICOL, MTA, RDPSYCH

Qualitative inquiry is a rich and rapidly expanding area of scholarship that has been recognized with increased legitimacy and credibility over the last two decades. This acceptance of plurality in research methods benefits practice-based fields, such as music therapy, which are fundamentally about the subjective human experience. Qualitative inquiry is particularly well suited to music therapy. As a health researcher, uniquely qualified as an accredited music therapist and registered doctoral psychologist, I am personally motivated and committed to increasing music therapy scholarship. I work with a feminist lens and have an additional interest in the use of vocative aesthetic texts to convey understanding (Nicol, 2008; Wiebe & Nicol, 2008). Qualitative inquiry is a particular area of expertise that I have acquired while advancing my own program of research (Nicol, 1999; Nicol, 2006; Nicol, under review), supervising graduate student thesis studies (14 qualitative graduate theses), and teaching a cross-disciplinary advanced qualitative methods course at the University of Saskatchewan. The proposed presentation will draw on this background in order to present theory with a pragmatic focus. A variety of qualitative research methods (action research, case study, discourse analysis, grounded theory, narrative inquiry, phenomenology) will be overviewed, illustrated with examples and animated with discussion reflecting the interests of audience members. Research is a song that few music therapists have adopted as their own. I believe that increased familiarity with the range and variety of qualitative methods will lead music therapists to realize that there is a method for everyone and for every circumstance.

### References

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage
- Kenny, C. (2006). *Music and life in the field of play: An anthology*. Gilsum, NH: Barcelona Publishers.
- Nicol, J.J. (Under Review). *Living in the Company of Music and Illness: A Hermeneutic-Phenomenological Inquiry of Music Listening, Women and Chronic Illness*, *Psychology of Music*.
- Nicol, J.J. (2008). Creating vocative texts. *The Qualitative Report*, 13 (3), 316-333 at <http://www.nova.edu/ssss/QR/QR13-3/nicol.pdf>
- Nicol, J.J. (2006). Me Making Music, Music Making Me: Unexpected Travels in Music and Music Therapy. *Voices: A World Forum for Music Therapy*, 6(2) at <http://www.voices.no/mainissues/mi40006000210.html>
- Nicol, J.J. (1998). Valuing the Practice of Music Therapy: Possibilities with Action Research. *Canadian Journal of Music Therapy*, VI, 52-62.
- Van Manen, M. (1990) *Researching Lived Experience*. London, ON, Canada: Althouse Press.
- Wiebe, J., & Nicol, J.J. (2007). Juxtaposition: ADHD and Music in School. *Canadian Journal of Music Therapy*, 13(2), 171-173.

## Music therapy for the spirit using singing bowls and chant

PAMELA HOLM, Dip.MT, MTA (in process) \*

\*paired with Pascal Comeau (p.14) as *Voicings*

As spiritual practices from Asia have entered the west, our consciousness as a collective has been gradually changing. More and more people are changing their concept of spirituality as a result. How to address that in our music therapy practices becomes important. Musician/sound healers including Stephen Halpern and Jonathan Goldman have been studying the use of chant in various cultures around the world for both spiritual connection and healing. Gregorian chant tops the charts across the music genres in Europe. Tibetan singing bowls, once hidden from the Chinese, have surfaced in the west and their properties for spiritual practice and healing are gradually coming to light. Crystal singing bowls, inspired by the Tibetan bowls, bring with them the energies of crystal healing, an ancient and inter-cultural healing modality, and are growing in popularity within sound healing and meditation communities.

Modern physics has recognized that we are made of energy particles, organized by sound and light waves. Some medical doctors are recognizing the value of singing bowls for people with cancer to help resolve stress at its root and cancers are responding.

Going back to music therapy's metaphysical roots, we will look at some of the teachings of Pythagoras, and Rudolf Steiner - the inspiration for Nordoff and Robbins, and integrate what is known of our metaphysical bodies to try to explain the opportunities offered by bowls and chant. Playing with the bowls and learning some chants from different spiritual traditions will bring ground the experience.

### References

- Andrews, T. (1998). *Sacred sounds: Transformation through music and word*. St. Paul, Minnesota: Llewellyn Publications
- Goldman, J. (2008). *The seven secrets of sound healing*. New York, NY: Hay House.
- Gaynor, M.L. (2002). *The healing power of sound: Recovery from life-threatening illness using sound, voice, and music*. Boston: Shambhala.
- Jansen, E.R. & de Ruiter, D. (2008). *Singing Bowl Handbook*. (17<sup>th</sup> revised and expanded edition). Haarlem: The Netherlands: Binkey Kok Publications.
- Wilber, K. (2000). *Integral Psychology: Consciousness, Spirit, Psychology, Therapy*. Boston, MA: Shambhala Publications.

## Giving voice to regret in older adults: Implications for music therapy

CONNIE ISENBERG, PhD, MTA, MT-BC, FAMI

The life review as conceptualized by Butler (1963, 1974) refers to a process whereby, spurred by awareness of their mortality, individuals look back upon their life and reassess their past, thus prompting a return to consciousness of past experiences and unresolved conflicts. These conflicts may be reintegrated and in the process, enhance and add meaning to the individual's

life. According to Butler, the life review may be influenced by current experiences as well as by character and may, in turn, contribute to well-being.

Music therapists have recognized the importance of life review and reminiscence in therapy with older adults (Ahonen-Eerikäinen, 2007; Ashida, 2000) as well as with patients in palliative care (Cadrin, 2006). A common tool used for life review and reminiscence in music therapy is the song, the methods derived from song use being referred to in various ways including song lyric discussion (Grocke & Wigram, 2007). Although Butler's (1963, 1995) conceptualization of the life review provides support for an association between acceptance of the past and life satisfaction he describes a continuum of intensity so that life review may be reflected in increased reminiscence, mild nostalgia and mild regret, or alternately, it may be reflected in an obsessive preoccupation with the past. In the latter situation, the excessive focus on the past may elicit regret so painful as to generate anxiety, guilt, despair and depression. Consequently, a general understanding of regret in older adults and specifically, how personality and dispositional variables are associated with regret and how being high in regret may be associated with reduced well-being, may contribute to music therapists' ability to determine when music life review may be beneficial and when it may be contraindicated.

## References

- Ahonen-Eerikäinen, H., Rippin, K., Sibille, N, Koch, R., & Dalby, D. M. (2007). "Not bad for an old 85-year-old!" The qualitative analysis of the role of music, therapeutic benefits and group therapeutic factors of the St. Joseph's Alzheimer's adult day program music therapy group. *Canadian Journal of Music Therapy*, 13(2), 37-62.
- Ashida, S. (2000). The effect of reminiscence music therapy sessions on changes in depressive symptoms in elderly persons with dementia. *Journal of Music Therapy*, 37, 179-182.
- Cadrin, L. (2006). Music therapy legacy work in palliative care: Creating meaning at end of life. *Canadian Journal of Music Therapy*, 12(1), 109-137.
- Grocke, D., & Wigram, T. (2007). Song lyric discussion, reminiscence and life review. In D. Grocke & T. Wigram (Eds.), *Receptive methods in music therapy* (157-178). London: Jessica Kingsley.
- Isenberg, C. (2007). An examination of regret as expressed in the life reflections of older adults: Predictors of regret intensity and frequency, and association with well-being. (Ph.D. Dissertation, Concordia University, 2008). Proquest Digital Dissertations Database (Publication No. AAT NR37733).

---

## Songs on the Playground: Effective strategies for musical outdoor play

DR. PETRA KERN, MT-BVM, MT-BC, MTA\*

\*paired with Wanda Gascho-White (p.18) as *Voicings*

Research indicates that playgrounds and other outdoor environments offer children important opportunities for play, learning and social participation that differ from those offered by indoor environments. However, for children with disabilities, playground time can be quite challenging if the outdoor environment and activities do not match their abilities and interests. As music is a natural way for children to explore the world, song and music interventions are effective strategies to enhance children's learning and development within their own capacity and across settings.

This presentations will focus on (a) research outcomes supporting playground time as a vital part of the early childhood curriculum and its potential for interventions, (b) the importance and challenges of outdoor play for children with disabilities in inclusive settings, (c) songs and music interventions as effective strategies for enhancing outdoor play for children with and without disabilities, (d) a new concept of playground supervision (Zone Model of Playground Supervision) including staff development activities, and (e) the benefits of an interdisciplinary approach to playground time.

The ideas represented in this presentation are the result of several projects conducted at an university-affiliated childcare program. The presenter has clinically applied all songs and musical activities with children, teachers and therapists on the playground. Learning opportunities, materials and supplies, preparation, process, supervision, and adaptations to different developmental levels will be discussed. Demonstration materials, multimedia and handouts will be shared with participants.

## References

- Flynn L. L. & Kieff, J. (2002). Including everyone in outdoor play. *Young Children*, 51 (3), 20-30.
- Fujiki, M., Brinton, B., Isaacson, T., & Summers, C. (2001). Social behaviors of children with language impairment on the playground: A pilot study. *Language, Speech, and Hearing Services in Schools*, 32, 101-113.
- Kern, P., & Snell, M. A. (2007). *Songbook Vol. 1: Songs and laughter on the playground*. Santa Barbara, CA: De La Vista Publisher.
- Kern, P., & Wakeford, L. (2007). Supporting outdoor play for young children: The zone model of playground supervision. *Young Children*, 62 (5), 12-16.
- Kern, P., & Aldridge, D. (2006). Using embedded music therapy interventions to support outdoor play of young children with autism in an inclusive community-based child care program. *Journal of Music Therapy*, 43 (4), 270-294.
- Nabors, L., Willoughby, J., Leff, S., & McMenamin, S. (2001). Promoting inclusion for young children with special needs on playgrounds. *Journal of Developmental and Physical Disabilities*, 13 (2), 179-190.
- Sandall, S., McLean, M. E., & Smith, B. J. (2000). *DEC: Recommended practices in early intervention/early childhood special education*. Longmont, CO: Sopris West.

---

<b>La musicothérapie en milieu scolaire / Music therapy in special education</b>
--

SYLVAIN LAROUCHE, MT  
ELIZABETH ARIE, MT-interne

Depuis 1989, Sylvain Larouche travaille comme musicothérapeute au sein de l'école John-F. Kennedy spécialisée en déficience intellectuelle et troubles autistiques. Dans cette conférence, nous présenterons l'importance et la place qu'occupe la musicothérapie à l'école. Cette présentation sera suivie d'une démonstration de quelques animations couvrant plusieurs sphères. Nous débiterons par une description de l'école, de sa clientèle, son fonctionnement et le rôle de la musicothérapie à l'école.

### *Description de l'école*

- nombre de groupes et de clients couverts par semaine
- durée d'une séance
- personnel présent lors des séances (professeurs, intervenants)
- explication du concept des écoles satellites
- musicothérapie reconnue comme un cadre complémentaire faisant partie de l'équipe de professionnels (ergothérapie, orthophonie, psychologue)
- 2 musicothérapeutes dans la même école !!

### *Rôle des musicothérapeutes*

- importance et implication de la musicothérapie au sein de la vie étudiante, des fêtes, des spectacles
- présentation des outils de travail (bilan, plan d'intervention, notes d'observation)
- possibilité de séance de groupe et individuelle
- vision (du rôle) de la musicothérapie par les musicothérapeutes

D'abord et avant tout, cette conférence aura pour but de donner des outils concrets de travail aux musicothérapeutes et ce en utilisant un maximum de variétés d'instruments : guitare, tambour, percussions, clavier, instrument mélodique, la musique préenregistrée, etc. Chaque animation sera présentée en fonction de la *clientèle* (déficience intellectuelle (DI), Troubles envahissants du développement, (TED), *groupe d'âge* (4 à 21 ans), *type de séance* (individuelle ou groupe), *type d'intervention* (improvisation instrumentale ou vocale, activité dirigée, drum circle, etc.) et *sphères visées* (stimulation sensorielle, cognitive, communication, social, moteur).



Since 1989, Sylvain Larouche has been working as a music therapist at John-F Kennedy school that specializes in children and adolescents with autism and intellectual disabilities. This presentation will show the importance of music therapy within the school setting. A brief description of the school, its clientele and the role that music therapy plays will be followed by a demonstration in which participants will experience first-hand how music is used to address different areas of functioning.

### *Description of the school*

- number of groups and clientele seen each week
- length of a session
- personnel present during the music therapy sessions ( teachers, staff )
- explanation of the concept of satellite schools
- recognition of music therapy as a complementary service within the multidisciplinary team (occupational therapy, speech therapy, psychology)
- 2 music therapists employed at the same school !

### *Role of the music therapists*

- importance and implication of music therapy in everyday school activities, parties, performances
- presentation of music therapy tools (assessment forms, treatment plans, observation notes )
- individual and group sessions
- perception of the role of music therapy by the music therapists

This presentation aims above all to provide music therapists with concrete ideas for using a wide variety of instruments including guitar, piano, percussion and melodic instruments, recorded music, etc. Each musical activity will be presented with regard to *clientele* (intellectual disability, autism spectrum disorder), *age* (4 to 21 years), *type of session* ( individual or group ), *nature of intervention* ( instrumental or vocal improvisation, structured instrumental activity, drum circle, etc.) and *areas of functioning* that need to be addressed (sensory stimulation, cognitive, communication, social and physical ).

## Références

- Bondy, A., & Frost, L. (2001). *A picture's worth: PECS and other visual communication strategies in autism*. Bethesda, MD: Woodbine House.
- Mesibov, G.B., Shea, V., & Schopler, E. (with Adams, L., Burgess, S., Chapman, S.M., Merkler, E., Mosconi, M., Tanner, C. & Van Bourgondien, M.E.). (2005). *The TEACCH approach to autism spectrum disorders*. New York: Kluwer Academic/Plenum.
- Siteweb de l'école John F. Kennedy - [www2.csmb.qc.ca/jfk/](http://www2.csmb.qc.ca/jfk/)

## Music and cognition: Bringing together theory and practice / Musique et cognition: rapprocher la théorie et la pratique

MICHELINE L'ESPERANCE, MM, MTA  
HEATHER PURDIE, MM, DipMT, MTA in process

The integration of music therapy theory and practice in the treatment of cognitive deficits requires some understanding of the relevant research. Our area of interest concerns the stimulation of cognitive functions with people with dementia and stroke. The principal areas of cognition to be discussed are the following: memory, attention, orientation and organisation. Supported by clinical examples, we will show the use of various techniques to impact on the participation and motivation of clients who frequent the Day Centre of the *Institut Universitaire de Gériatrie de Montréal*. We will underline the importance of investing in research, in order to better direct clinical interventions and to validate the efficacy of music therapy.



Le rapprochement de la théorie et de la pratique en musicothérapie dans le domaine des déficits cognitifs demande une certaine compréhension de la recherche pertinente. Conséquemment, notre intérêt se porte vers la stimulation des fonctions mentales supérieures avec les personnes atteintes de démence et/ou ayant subi un accident vasculaire cérébral (AVC). Les sphères de cognition concernées sont principalement la mémoire, l'attention, l'orientation et l'organisation. Supportées par des exemples cliniques, nous démontrerons des techniques variées qui ont un impact sur la participation et la motivation des clients du centre de jour de l'Institut Universitaire de Gériatrie de Montréal (IUGM). Nous soulignerons l'importance de s'investir dans la recherche afin de mieux cibler nos interventions et de valider l'efficacité de la musicothérapie.

## References

- Baker, F. & Tremplin, J. (2006). *Music therapy methods in neurorehabilitation*, London: Jessica Kingsley.

Editorial: Music in Stroke Rehabilitation (2008). *The Lancet*, vol.371, p.698.  
Hajime F, & Kumiko T. (2008). Music facilitates the neurogenesis, regeneration and repair of neurons, *Medical Hypotheses*, 71(5), 765-769,  
Sarkamo et al. (2008) Music listening enhances cognitive recovery and mood after middle cerebral artery stroke, *Brain* 131, 866-876.

---

<b>Tales from the field:</b> <b>The impact of bedside music therapy on the therapist and his patients</b>
--

AARON LIGHTSTONE, MMT, MTA \*

\*paired with Deborah Seabrook (p.34) as *Voicings*

This presentation will take a narrative form following the format of story telling. The stories all are about doing music therapy with people who are in the last weeks, days and moments of their lives. The therapist will focus on the impact that it has had on him both personally and professionally. Work in this clinical setting has given the presenter an opportunity to think about a number of clinical and professional issues that the stories will illuminate. These stories will be shared in a narrative form that addresses many clinical and personal issues from the therapists' perspective including:

- the unique power of music in this setting
- the application of Community Music Therapy principles to this population and how to balance this approach with the strict rules around confidentiality that come with working in a large hospital
- the ways in which family, friends and loved ones of the patient become involved in the music therapy process.
- the impact of the therapeutic relationship with terminally ill patients on the therapist.
- an examination of the irony around the music therapist's deep satisfaction and enjoyment of work with these patients.
- an examination of the interaction between the therapist's cultural identity and that of the patient's.
- the clinical use of digital music technology with bedside patients.
- the clinical applications of YouTube and similar technologies.
- the use of self-disclosure, particularly as it relates to the therapist's cultural identity and how it affects the therapeutic process
- the use of self-disclosure as it relates to the therapist's role as a professional musician (outside the hospital setting) and how it affects the therapeutic process.

## References

- Aasgaard, T. (2002). *Song creations by children with cancer: Process and meaning*. Unpublished PhD dissertation: Aalborg University.
- Amir, D. (1996). Experiencing Music Therapy: Meaningful Moments in the Music Therapy Process. In M. Langenberg, A. Aigen, & J. Frommer, *Qualitative Music Therapy Research: Beginning Dialogues* (109-130), Gilsum, NH: Barcelona Publishers.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, 24 (2), 137-143.

- Bula, J. (2000). Use of the multicultural self for effective practice. In M. Baldwin (Ed.) (2<sup>nd</sup> Ed.). *The use of self in therapy.*(167-189). New York: Haworth Press.
- Csikszentmihalyi, M. (1990). *Flow : The psychology of optimal experience.* New York: Harper and Collins Publishers.
- Lee, C. A. (1997). *Music at the Edge: The music therapy experiences of a musician with AIDS.* London: Routledge.
- Lee, C.A (2003). *The Architecture of Aesthetic Music Therapy.* Gilsum, NH: Barcelona.
- Pavlicevic, M. & Ansdell G. (2004) *Community Music Therapy.* London. Jessica Kingsley.
- Stige, B. (2002b). The relentless roots of community music therapy. *Voices: A World Forum for Music Therapy.* Retrieved Oct 18, 2008, from [http://www.voices.no/mainissues/Voices2\(3\)Stige.html](http://www.voices.no/mainissues/Voices2(3)Stige.html)
- Yalom, I. (1980) *Existential Psychotherapy.* New York: Basic Books.
- 

### **The music therapist as collaborative song-writer in palliative and bereavement care**

JANE LINGS, MMT  
BOB HEATH, SRAST (M)

This workshop offers delegates the opportunity to explore the role of the collaborative song-writer as therapist. While the use of existing songs in music therapy is well established and forms an essential part of the tool kit, the act of creating original songs in some therapeutic contexts is relatively new. Currently, music therapists use collaborative song-writing approaches in a number of settings that address a wide range of complex needs. However, as practitioners, we may find ourselves working in isolation and without a great deal of formal training. As a result, our methodology and approach to the work could well become highly individualistic and regarded as unique. The very collaborative nature of the work may lead to departures from more traditional music therapy practice and call for new skills.

This experiential workshop explores some of the work music therapists may find themselves called upon to co-create with clients in palliative and bereavement settings. It will focus on the potential direction of the therapy exploring concepts such as methodologies, the influence of genre, confidentiality, boundaries, and the therapeutic process itself. It will also explore some of the dilemmas faced by therapists both in the therapy room and in the wider public domain.

The workshop will use existing material together with new material created within small groups. Delegates will have the opportunity to explore the collaborative song-writing process from the position of the therapist and the client.

#### **References**

- Baker F. & Wigram, T. (2005). *Songwriting: Methods, Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students.* London: Jessica Kingsley.
- O'Kelly J. (2008) Saying it in song: music therapy as a carer support intervention. *International Journal of Palliative Nursing*, 14(6).

## Realizing potential: Finding one's voice through music education and music therapy

ELIZABETH MITCHELL, BMus, MMT, ARCT\*

\*paired with Alesya Courtnage (p.15) as *Voicings*

The experience of “finding my voice” was one of opening myself up to musical potential that I had never dreamed of. The personal implications of this musical experience felt limitless. In acknowledging the potential of the instrument that lay within me, I opened myself up to my own potential in the world.

This journey through voice lessons rendered me passionate about the connections between music therapy and music education, and sparked my research as a master's student, where I explored the phenomenon of “therapeutic music education”: educational contexts wherein the educator adopts and adapts facets of music therapy, and the student experiences personal growth. In drawing out themes from the participants, the significance placed upon the student's unique and personal *voice*, a voice expressed through singing or any musical instrument, emerged as integral to the experience. As this musical voice was developed in the student, a parallel process of personal growth took place. Here, the boundaries between music therapy and music education are blurred.

In this presentation, alongside the voices of therapeutic music educators and their students will weave the voice of Taylor, an adolescent with mental health issues who participated in music therapy during her time at a custody facility. Through therapeutic voice instruction and songwriting, Taylor's unique voice was developed, celebrated, and acknowledged as a means for her to express herself. Not unlike the students described above, in exploring her musical voice, Taylor opened herself to exploring her potential as a young woman: her past, self-identity, values, and dreams.

### References

- Aigen, K. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona Publisher.
- Austin, D. (2006). Songs of the self: Vocal psychotherapy for adults traumatized as children. In L. Carey (Ed.), *Expressive and creative arts methods for trauma survivors*, (133-151). London: Jessica Kingsley.
- Gascho-White, W. (1996). Music therapy and music education: Our common ground; our separate paths. *Canadian Music Educator*, 38(1), 33-35.
- Kenny, C. B. (1989). *The field of play: A guide for the theory and practice of music therapy*. Atascadero, CA: Ridgeview.
- Mitchell, E.L. (2007). *Therapeutic music education: An emerging model linking philosophies and experiences of music education with music therapy*. Unpublished master's MRP, Wilfrid Laurier University, Waterloo, Ontario, Canada.
- Newham, P. (1998). *Therapeutic voicework: Principles and practice for the use of singing as a therapy*. London: Jessica Kingsley.
- Robertson, J. (2000). An educational model for music therapy: The case for a continuum. *British Journal of Music Therapy*, 14(1), 41–46.
- Rolvjord, R. (2005). Collaborations on songwriting with clients with mental health problems. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators, and students*.(97-115). London: Jessica Kingsley.

Tyson, F. (1982). Individual singing instruction: An evolutionary framework for psychiatric music therapists. *Music Therapy Perspectives*, 1(1), 51-55. Reprinted in M.G. McGuire (Ed.), (2004). *Psychiatric music therapy in community: The legacy of Florence Tyson (163-184)*. Gilsum, NH: Barcelona Publisher.

---

**Resounding attachment:  
Cancer inpatients' song lyrics for their children in music therapy**

DR. CLARE O'CALLAGHAN, PhD, RMT  
LUCANNE MAGILL, DA, MT-BC

Scant attention focuses on supporting parent-child communication during the parents' cancer hospitalizations. Parents may struggle to remain emotionally available. Caregiver absences may threaten secure attachment relationships with infants and elicit problems amongst older children. Music therapists help many parents with cancer to compose songs for their children. Their lyric analysis may provide insight into songwriting's communicative and therapeutic potential.

Two song lyric groups were comparatively analyzed (based on grounded theory). One group included 19 songs written by 12 patients with the first author. Another included 16 songs written by 15 patients with three music therapists (including two authors), available in the public domain. Songs were composed by 20 mothers and 7 fathers for at least 46 offspring. All parents had haematological or metastatic diseases. Qualitative inter-rater reliability was integrated.

Results showed that comparable lyrical ideas in the two parent song groups included: love; memories; yearning for children; metaphysical presence (now and after-life); loss and grief; the meaning and helpfulness of the children in their lives; hopes for and compliments about their children; encouragement; requests; personal reflections; existential beliefs; and suggestions about to whom the children can turn.

It was concluded that parents' song lyric messages may support their children during the parents' illnesses, and through the children's developmental transitions and possible bereavement. Some parents use song writing for catharsis, and to encourage their children's continuing attachment with them after death. Through promoting parent-child connectedness and emotional expression, therapeutic song writing can be a valuable oncologic supportive care modality.

### References

- O'Callaghan, C. (1996). Lyrical themes in songs written by palliative care patients. *Journal of Music Therapy*, 33(2), 74-92
- Saldinger, A., Cain, A., Porterfield, K., Lohnes, K. (2004). Facilitating attachment between school-aged children and a dying parent. *Death Studies* 28, 915-940.

## **Music therapy's effect on oncologic staff bystanders: A substantive grounded theory**

DR. CLARE O'CALLAGHAN, PhD, RMT  
LUCANNE MAGILL, DA, MT-BC

**ABSTRACT:** Oncologic work can be stressful and staff support is recommended. The effects of witnessing patient focused music therapy programs are examined. Data, including questionnaire feedback and interview transcripts, were comparatively analyzed producing a substantive grounded theory. Clinical oncologic music therapy can reduce staff stress, and improve work environments and perceived patient care.

Oncologic work can be satisfying but also stressful, as staff supports patients and families through harsh treatment effects, uncertain illness trajectories, and occasional death. No research on the effects of staff witnessing patients' supportive therapies exists. This research examines staff responses to witnessing patient focused music therapy (MT) programs in two comprehensive cancer centers.

In the first cancer centre (*Study 1*), staff were invited to anonymously complete an open-ended questionnaire asking about the relevance of music therapy for patients and visitors. In the second cancer centre (*Study 2*), staff were theoretically sampled and interviewed regarding the personal effects of witnessing patient-centered music therapy. Data from each study were comparatively analysed according to grounded theory procedures. Positive and negative cases were evident and data saturation arguably achieved.

**RESULTS:** Thirty-eight staff unexpectedly described personally helpful emotional, cognitive, and team effects, and consequent improved patient care. (*Study 2*) Sixty-two staff described 197 multiple personal benefits and elicited patient care improvements. Respondents were mostly nursing (57) and medical (13) staff. Only three intrusive effects were reported. A substantive grounded theory emerged: Staff witnessing MT can experience personally helpful emotions, moods, self-awarenesses, teamwork, and thus perceive improved patient care. Intrusive effects are uncommon. Music therapy's benefits for staff are attributed to the presence of live music, the human presence of the music therapist, and the observed positive effects.

**SIGNIFICANCE OF RESULTS:** Patient-centered oncologic music therapy is an incidental supportive care modality for staff, which can reduce their stress, and improve work environments and perceived patient care

### **References**

- Kash, K., Holland, J., Breitbart, W., Berenson, S., Dougherty, J., Quелlette-Kobasa, S., et al. (2000). Stress and burnout in oncology. *Oncol Nurs Forum*, 14(11), 1621-1633.
- Magill, L. (2006). The role of music therapy in integrative medicine. *Journal of the Society for Integrative Oncology*, 4(2), 79-81.

## La musicothérapie auprès de jeunes itinérants

JULIEN PEYRIN, BMus, BPsy

Tout d'abord, je commencerai sur un plan général en présentant la structure du BON DIEU DANS LA RUE, en évoquant sa mission sociale et les différents enjeux présents dans ce type d'intervention (exclusion familiale et sociale, toxicomanie, troubles psychiatriques, suicide...).

Ensuite, nous entrerons dans le détail du rôle de la musicothérapie au sein de cet organisme en décrivant les séances de détente psychomusicales inspirées de la technique française de J. M. GUIRAUD-CALADOU des montages sonores « en U » et proposées à des jeunes souffrants d'anxiété. Une présentation de la technique utilisée sera ainsi effectuée. Après, je parlerai de mon travail en musicothérapie active qui s'axe autour d'ateliers de percussions et qui se déroule une fois par semaine en groupe ouvert.

J'évoquerai également mon intervention auprès de l'école du BON DIEU DANS LA RUE (pour plus d'information : <http://www.danslarue.com/>). Dans celle-ci, une fois par semaine, je propose des ateliers autour d'écriture chansons et de poésies, ainsi que des ateliers d'apprentissage de la théorie musicale. Avec ces mêmes jeunes, nous allons une après-midi par semaine à l'Université Concordia où une collaboration y est établie depuis sept ans. Ainsi, ils peuvent enregistrer en studio leurs textes, chansons ou improvisations. Un suivi est établi avec chaque jeunes qui participe au projet, nous aborderons plus précisément le cas d'un jeune. Enfin, j'ai également pour mission de travailler autour de l'insertion sociale par la musique (ex. : établir des partenariats entre : Emploi Québec → Un(e) jeune → Une salle de spectacle). Cette conférence sera présentée en français (avec traduction en anglais au besoin) via Power Point incluant photos et musiques.

### Références

- Ghetti, C. M. (2004). Incorporating music therapy into the harm reduction approach to managing substance use problems, *Music Therapy Perspectives*, (22), 84-90.
- Guetin, S., Aber, S., Bahloul, H., Blayac, J.P., Eledjam, J.J. (2004). Musicothérapie et algologie, *Le Courrier de l'algologie* (3), 22-26.
- PEYRIN J. (2008). *Expérience en musicothérapie via la détente psychomusicale en service de rhumatologie et rééducation fonctionnelle*, Mémoire de musicothérapie de l'université de Montpellier III, département musique, filière musicothérapie.

## Singing supervision: Countertransference and the use of free-associative singing

PATRICIA PRESTON-ROBERTS, MA, MT-BC, LCAT

Many different types of supervision exist, such as on-site supervision which serves to assist music therapy students in dealing with concrete issues at field work or internship sites, such as problems with staff or co-workers, classroom supervision, which often aids students in building activities and/or resolving client problems, supportive supervision (such as peer supervision), and others. Much of this supervision is verbal and does not involve music. Supervision is

essential for students and professionals alike. No matter what the level of experience of the practitioner, it is only by engaging in the task of guided self-reflection that we can navigate through the blocks or blind spots that sometimes arise when a client's issues parallel the therapist's. Therapists will not usually have a strong reaction to a client's material unless they have a psychological "hook," a place when the client's issues intersect with their own and a client's projections will not hold unless there is a hook to hang them on. The therapist who knows this "recognizes time and again how the patient's difficulties constellate his own problem's and vice versa"(Guggenbuhl-Craig,1971,p.130).

This presentation will discuss and demonstrate in-depth clinical supervision which deals with psychodynamic processes, such as resistance, transference and, especially countertransference. The reasons why using music in supervision is so effective, specifically vocal music, will also be discussed. Free-associative Singing will be explained, described and illustrated through the use of an audio-taped example of an improvised supervision session which deals with issues of countertransference.

## References

- Austin, D. (1998). When the psyche sings: Transference and countertransference in improvised singing with individual adults. In K.E. Bruscia (Ed.), *The dynamics of music psychotherapy* (315-333). Gilsum, NH: Barcelona Publishers.
- Austin, D. (1999). Vocal Improvisation in analytically oriented music therapy with adults. In T. Wigram & J. De Backer (Eds.), *Clinical applications of music therapy in psychiatry* (141-157). London: Jessica Kingsley.
- Bruscia, K.E. (1987). *Improvitational models of music therapy*. Springfield, IL: Charles C. Thomas.
- Bruscia, K.E, Ed. (1998). *The dynamics of music psychotherapy*. Gilsum, NH: Barcelona.
- Guggenbuhl-Craig, A. (1971). *Power in the helping professions*. Dallas, Texas: Spring Publications.
- Natterson, J.M. & Friedman, R.J. (1995). *A primer of clinical intersubjectivity*. Northvale, NJ: Jason Aranson Publishers.
- Newham, P. (1998). *Therapeutic Voicework: Principles and practice for the use of singing as a therapy*. London: Jessica Kingsley.

---

## The flute and the self in improvisation: Exploration and music therapy practice

AMANDA SCHENSTEAD, BMus, MMT (candidate)

This heuristic arts-based research project provides an in-depth look at the researcher's imaginative exploration of improvisation using the flute and her responses to the various phenomena she experiences while in this creative space. This study focuses on two central research questions:

1. What kinds of phenomena am I experiencing through exploratory improvisation practice using the flute, my primary instrument? What are my responses to these phenomena and why?

2. What kinds of techniques/initial theories specific to the flute are emerging from my improvisation practice? How can these be developed into improvisational resources for use in music therapy practice?

For this presentation, I will attempt to answer the first question through a performance piece developed by analyzing data from a reflective journal I kept throughout the course of this study. Following each improvisation session, I recorded personal reflections as well as creative responses through poetry, short stories, artwork and dramatic plays, to encapsulate my overall experience of the session. The content of the journal has been analyzed through coding and categorizing the data into meaningful ideas. The performance piece is my “creative synthesis” of major themes emerging from the data and is most representative of the power of the arts in personal processing.

In order to answer the second question, I will demonstrate various improvisational resources that I have developed for the flute. Because of the arts-based nature of the project, participants will have a chance to use artistic means (poetry, drawing, movement etc.) to explore their own personal reactions to the sound of the flute and its effectiveness as a supportive, therapeutic instrument.

## References

- Arnason, C. (2002). An eclectic approach to the analysis of improvisations in music therapy sessions. *Music Therapy Perspectives*, 20 (1), 4-12.
- Austin, D. & Forinash, M. (2005). Arts-based research. In B. Wheeler (Ed.) *Music Therapy Research* (2<sup>nd</sup> ed.) (458-471). Gilsum, NH: Barcelona Publishers.
- Bagley, C. & Cancienne, M. B. (2002). *Dancing the data*. New York: Peter Lang Publishers.
- Bate, P. (1979). *The Flute: A study of its history, development, and construction*. New York: N. W. Norton and Company Inc.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Thousand Oaks, CA: Sage Publications.

---

### **What’s professional is personal: A music therapist’s journey working in long-term care**

DEBORAH SEABROOK, MMT, BMT, MTA\*

\*paired with Aaron Lightstone (p.27) as *Voicings*

Part cathartic journey, part call for change, this presentation addresses the philosophical questions, ethical dilemmas and practical challenges that emerged during my employment as a music therapist at an underfunded long-term care facility in Ontario. Vignettes from clients’ stories and reflective musical motives are interwoven throughout the narrative, ultimately exploring the questions: “What is personal?” and “What is professional?”

As a music therapist, I bore witness to troubling conditions in long-term care, a sadly common situation in Ontario (McKie, 2007; Ontario Ministry of Health and Long-Term Care, 2007). This presentation explores my experience of working at a facility where the role of music therapy evolved in an attempt to meet residents’ basic human rights (i.e. being treated with dignity). I

share my dilemma of offering this seemingly essential service while simultaneously carrying an ethical responsibility for being a complicit professional within a dysfunctional system.

This presentation follows my changing experiences with vicarious trauma (Rothschild, 2006), and move towards a practice of self-care. An integral part of my journey was composing *Homage* as a tribute to the clients with whom I worked. By performing this piece and giving voice to my story, I wanted to honour my clients and connect with music therapists who work in similar environments, and ultimately call to action all citizens to become aware of and invest in the well-being of their communities – both professionally and personally.

## References

- Amir, D. (2001). How do we nurture ourselves? *Voices: A World Forum for Music Therapy*. Retrieved Oct.12, 2008 from <http://www.voices.no/columnist/colamir040601.html>.
- Austin, D. (2002). The Voice of Trauma: A Wounded Healer's Perspective. In J. P. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (231-259). London: Jessica Kingsley Publishers.
- Fahy, A. (2007). The unbearable fatigue of compassion: notes from a substance abuse counselor who dreams of working at Starbuck's. *Clinical Social Work Journal*, 35(3), 99-205.
- McKie, D. (2007). *Beaten down: Fear and violence in Canada's nursing homes*. Retrieved Oct.12, 2008 from <http://www.cbc.ca/news/background/nursing-homes/beaten-down.html>
- Ombudsman Ontario, Ombudsman in the News. (2008). *Probe targets province's monitoring of nursing homes; area care facilities welcome investigation by ombudsman*. Retrieved October 12, 2008 from <http://www.ombudsman.on.ca/en/media/ombudsman-in-the-news/probe-targets-provinces-monitoring-of-nursing-homes-ottawa-citizen.aspx>
- Ontario Ministry of Health and Long-Term Care. (2007). *Reports on Long-Term Care Homes*. Retrieved Oct.12, 2008 from [http://www.health.gov.on.ca/english/public/program/ltc/26\\_reporting.html](http://www.health.gov.on.ca/english/public/program/ltc/26_reporting.html)
- Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York: W. W. Norton & Company.

---

## Music therapy and substance abuse: Research on motivation and change

MICHAEL J. SILVERMAN, PhD, MT-BC\*

\*paired with Tony DiGiacomo & Hannah You (p.15) as *Voicings*

Many music therapists work with clients who are chemically dependent (AMTA, 2007). These consumers present a unique set of symptoms and clinical needs and, because they are often in a crisis-type situation, may be more susceptible to embracing change and therapeutic intervention (Aguleria, 1998). To adequately treat consumers who are chemically dependent, it is imperative that therapists understand the developmental stages of addiction in order to treat the whole person and prevent relapse.

This presentation will detail the stages of addiction so music therapists better understand the complexities of addiction and how to structure interventions that target consumer deficit areas. The stages of change represent an important taxonomy for people who are in detoxification. These stages can be used to gauge readiness and, thus, decide upon an appropriate music therapy intervention for evidence-based treatment.

Motivational interviewing (also known as motivation enhancement therapy) is a psychotherapeutic technique designed to treat patients in substance abuse rehabilitation. It draws upon behavioral analysis and identifies advantages and disadvantages of present behavior and goals. However, due to its effectiveness and popularity, it is used with a wide variety of clinical populations.

Results of randomized and controlled clinical trials involving patients who are in detoxification will be presented and discussed. The presenter will then facilitate an open dialogue about the results of the research studies and implications for clinical practice in today's evidence-based healthcare system.

## References

- Aguilera, D.C. (1998). *Crisis intervention: Theory and methodology* (8th ed.). Chicago: Mosby.
- Baker, F.A., Gleadhill, L.M., & Dingle, G.A. (2007). Music therapy and emotional exploration: Exposing substance abuse clients to the experiences of non-drug inducing emotions. *Arts in Psychotherapy, 34*, 321-330.
- Cevasco, A.M., Kennedy, R., & Generally, N.R. (2005). Comparison of movement-to-music, rhythm activities, and competitive games on depression, stress, anxiety, and anger of females in substance abuse rehabilitation. *Journal of Music Therapy, 42*, 64-80.
- Dingle, G.A., Gleadhill, L., & Baker, F.A. (2008). Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment? *Drug and Alcohol Review, 27*, 190-196.
- Jones, J.D. (2005). A comparison of songwriting and lyric analysis techniques to evoke emotional change in a single session with people who are chemically dependent. *Journal of Music Therapy, 42*, 94-110.
- Miller, W.R. (1985). Motivation for treatment: A review with special emphasis on alcoholism. *Psychological Bulletin, 98*, 84-107.
- Miller, W.R., Benefield, R.G., & Tonigan, J.S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology, 61*, 455-461.
- Miller, W.R., & Tonigan, J.S. (1996). Assessing drinker's motivation for change: The stages of change readiness and treatment eagerness scale (SOCRATES). *Psychology of Addictive Behaviors, 10*, 81-89.
- Silverman, M.J. (2003). Music therapy and clients who are chemically dependent: A review of literature and pilot study. *Arts in Psychotherapy, 30*, 273-281.
- Silverman, M.J. (in preparation). *The effect of lyric analysis on readiness to change and treatment eagerness in clients who are in detoxification: A randomized and controlled music therapy trial.*
- Silverman, M.J. (in preparation). *The effect of songwriting on depression and the stages of change in clients who are in detoxification: A randomized follow-up study.*
- Soshenksy, R. (2007). Music therapy for clients with substance abuse disorders. In B.J. Crowe & C. Colwell (Eds.), *Music therapy for children, adolescents, and adults with mental disorders*. Silver Spring, MD: American Music Therapy Association.

## Vocal sound healing and music therapy: Integrating new practices through research

SHELLEY SNOW, MA, CMT

This presentation will cover the following topics:

1. Description of my interdisciplinary doctoral studies: music therapy and anthropology
2. What led me to conduct research on sound healing
3. Research question
4. Interdisciplinary methodology: phenomenology, narrative inquiry, the anthropology of the senses
5. Conducting the research
6. The dialogic process
7. Sharing stories about the experience of sound healing: recipients of the method
8. Reflexivity through music: my sung responses throughout the process
9. Rationale for integrating sound healing into music therapy practice
10. Examples of areas for integration, including mention of a case from the presenter's music therapy practice in which sound healing has been integrated.
11. Conclusions

### References

- Crowe, B. & Scovel, M. (1996). An overview of sound healing practices: Implications for the profession of music therapy. *Music Therapy Perspectives*. Vol. 14.
- McClure, W. (1998). A cross-cultural interdisciplinary study of the healing power of singing. Doctoral Dissertation, Pacifica Graduate Institute.

## Spiritually informed music therapy

CYNTHIA VANDER KOOIJ, BMT MTA CPRP

As a music therapist in a mental health rehabilitation service, the clients I work with frequently speak in spiritual terms about both the supports and challenges they face as they recover from mental illness. As I have begun to explore the concept of spirituality and its relation to health, I have faced many questions regarding the role and function of spirituality in music therapy practice.

In this presentation, I will address some of the questions and issues that arise when we speak of spirituality and music therapy and provide practical strategies that enable music therapists to incorporate spirituality more intentionally in music therapy practice. To begin, spirituality will be defined through a literature review drawing on the disciplines of psychiatry, occupational therapy and music therapy. The elements of spirituality that distinguish it from religion will be identified. The constructs of spirituality that are relevant to mental health care and music therapy will be described. In the second portion of this presentation, songs and narrative exemplars from a current qualitative research study will be used to illustrate the first person experiences of adults

living with serious mental illness who identify spirituality as a source of healing. Based on the foundations described in the definitions and research examples, clinical strategies will be proposed to enhance music therapy practitioner's intentional support of their music therapy clients' spirituality. These recommended practices will be illustrated with clinical examples of improvisational music therapy, BMGIM material, and clinical songwriting to demonstrate how spiritually informed practice enriches the mental health outcomes of music therapy.

## References

- Aldridge, D. (1998). Life as jazz: hope, meaning, and music therapy in the treatment of life-threatening illness. *Advances, 14*, 271-282.
- Bonny, H. (2001). Music and Spirituality. *Music Therapy Perspectives, 19*, 59-62
- Deegan, P. (2000). Spirit breaking, when the helping professions hurt. *The Humanistic Psychologist, 28*, 194-209.
- Fallot, R. (2001). Spirituality and religion in psychiatric rehabilitation and recovery from mental illness. *International Review of Psychiatry, 13*, 110-116.
- Gall, T., Charbonneau, C., Clarke, N., Grant, K., Joseph, A., Shouldice, L. (2005). Understanding the nature and role of spirituality in relation to coping and health: A conceptual framework. *Canadian Psychology, 46*, 88-104.
- Kasayka, R. (2002). A spiritual orientation to the bonny method: to walk the mystical path on practical feet. In K.E. Bruscia & D.E. Grocke (Eds.) *Guided imagery and music: The Bonny method and beyond* (257-270). Gilsum, NH: Barcelona Publishers.
- Liebrich, J. (2002). Making space: Spirituality and mental health. *Mental health, religion and culture, 5*, 143-162.
- Salmon, D. (2001). Music therapy as psycho-spiritual process in palliative care. *Journal of Palliative Care, 17*, 142-146.
- Swinton, J. (2001). *Spirituality and mental health care: rediscovering a forgotten dimension*. London: Jessica Kingsley Publishers.

---

## Voice and psychosis: A psychoanalytical approach within music therapy

DAISY VAREWYCK, MT

If we assume that music is what is left of the voice when it is stripped of any meaning, then we can say that the person with psychosis is related to the music as an infant is related to the voice of its mother. Thanks to the fact that her voice has not disappeared behind significance, she has an immediate impact on the infant. Being in resonance with the voice of the mother can facilitate the development of the infant's first mental structures.

In music therapy, people with psychosis have the potential to develop a remarkable relation with the music, thus fulfilling a need for unity (They continuously search for unity), like it occurs in the (symbiotic) relation between mother and child. Music can stimulate the symbiosis, because the different sounds and rhythms develop into one collective and harmonic object. Thus, one can say that a person with psychosis lives in a musical world, because on the one hand, the music is consistent with the experience world. On the other hand, we can say that in the case of psychosis, words are without significance and the words are experienced as pure sound objects.

Patients with psychosis often use their voice to reflect their outward actions. It is the task of the music therapist to contain this music and to resonate with their experiences. The author clarifies her theoretical approach (or orientation) with a case study of a woman with psychosis by exploring the evolution of successive music therapy sessions and how the patient's used her voice to regain the capacity to find meaning (to symbolize).

## References

- De Backer, J. (2004) *Music and psychosis. The transition from sensorial play to musical form by psychotic patients in a music therapy process*. Unpublished Doctoral dissertation, Aalborg University, Denmark.
- Schokker, J., Schokker, T. (2000). *Extimiteit, Jacques Lacans terugkeer naar Freud*. Amsterdam : Uitgeverij Boom.
- Vives, J.M. (2002) Pour introduire la question de la pulsion invocante. In J.M. Vives, (red.), *Les enjeux de la voix en psychanalyse dans et hors la cure*. Grenoble: Presses Universitaires De Grenoble, 5-20.

---

<b>Music and emotion: Connecting theory, research and practice</b>
--

BARBARA WHEELER, PhD, MT-BC

Music affects us emotionally, physically, and aesthetically. These responses provide the basis for the use of music in therapy. And it seems that emotion is involved in all or most music therapy, although the connections are not often articulated by music therapists and little research examines this relationship. Emotion is core to many music therapy practices. However, the exact role of emotion in most music therapy has not been considered in the literature.

This presentation will explore relationships among theory, research and practice, focusing on recent research and writing in which the presenter has been involved and applications to music therapy practice. It will include research on music and emotion, including the author's research using the Continuous Response Digital Interface (CRDI) to assess people's responses to music, as well as other research and writing. Applications to music therapy practice will be detailed and additional connections of research and theory to clinical practice will be discussed.

## References

- Berlyne, D.E. (1971). *Aesthetics and Psychobiology*. New York: Appleton-Century-Crofts.
- Madsen, C. K. (1997b). Emotional response to music as measured by the two-dimensional CRDI. *Journal of Music Therapy*, 34, 187-199.
- Nyklicek, I., Thayer, J. F., & Van Doornen, L. J. (1997). Cardiorespiratory differentiation of musically-induced emotions. *Journal of Psychophysiology*, 11, 304-321.
- Thaut, M.H. (2002). Neuropsychological processes in music perception and their relevance in music therapy. In R.F. Unkefer & M.H. Thaut (Eds.), *Music Therapy in the Treatment of Adults with Mental Disorders: Theoretical Bases and Clinical Interventions* (pp. 2-32). Gilsum, NH: Barcelona Publishers.
- Thaut, M. H., & Wheeler, B. L. (in press). Music therapy. In P. N. Juslin & J. A. Sloboda (Eds.), *Handbook of Music and Emotion: Theory, Research, Applications*. London: Oxford University Press.

## **The potential health benefits of community based singing groups for adults with cancer**

LAUREL YOUNG, MMT, MTA, PhD in progress

A brief overview on past and present practices of music therapy in adult cancer care will be presented. Publications regarding the health benefits of singing in therapeutic and community contexts will be reviewed. Information pertaining to the role of psychosocial support groups in the treatment processes of persons with cancer will be used to establish the relevance of community based group singing experiences for this population. Implications for practice will be discussed through the presentation of initial guidelines on how to effectively facilitate a community based singing group for persons with cancer. These guidelines will be discussed within the context of the presenter's clinical experiences. Anecdotes will be shared. Implications for research will be presented. Audio examples may or may not be used. It will depend upon whether or not consent can be obtained.

### **References**

- Abrams, B. (2001). Music, cancer and immunity. *Clinical Journal of Oncology Nursing*, 5(5), 1-3.
- Bailey, B.A., & Davidson, J.W. (2005). Effects of group singing and performance for marginalized and middle-class singers. *Psychology of Music*, 33(3), 269-303.
- Dileo, C. (1999). Songs for living: The use of songs in the treatment of oncology patients. In C. Dileo (Ed.), *Music therapy & medicine: Theoretical and clinical applications* (151-166). Silver Spring, MD: American Music Therapy Association.
- Kruse, J. (2003). Music therapy in United States cancer settings: Recent trends in practice. *Music Therapy Perspectives*, 21(2), 89-98.
- Rykov, M.H. (2008). Experiencing music therapy cancer support. *Journal of Health Psychology*, 13 (2), 190-200.

---

## **Multicultural issues encountered in the supervision of music therapy internships in the USA and Canada**

LAUREL YOUNG, MMT, MTA, PhD in progress

A review of the literature reveals that although the field of counseling has made great strides in examining multicultural issues in supervision, similar strides have not been made in music therapy. Through conducting this research and through presentations on this topic, the presenter is responding to an identified need for music therapists and music therapy supervisors to become more informed about multicultural music therapy. The purpose of this study was to examine the extent to which multicultural issues are being addressed in music therapy internships in the United States and Canada. Music therapy internship supervisors (N=104) completed an on-line survey on demographics, multicultural training and experiences, cross-cultural issues encountered in internship supervision; and the extent to which multicultural issues are addressed with interns. Analysis of the data revealed that although the majority of supervisors had supervised interns from diverse cultural backgrounds, many had little or no formalized training in multicultural music therapy. It was also found that multicultural issues were

not being consistently addressed within the context of music therapy internship supervision. Implications for supervisor training, music therapy internship supervision practices, and further research will be discussed.

## References

- Brown, J. (2001). Towards a culturally centered music therapy practice. *Canadian Journal of Music Therapy, 8*(1), 10-23.
- Chase, K.M. (2003). Multicultural music therapy: A review of the literature. *Music Therapy Perspectives, 21*(2), 84-88.
- Constantine, M.G. & Sue, D.W. (2005). The American Psychological Association's guidelines on multicultural education, training, research, practice, and organizational psychology: Initial development and summary. In M. Constantine & D.W. Sue (Eds.), *Strategies for building multicultural competence in mental health and educational settings* (3-15). Hoboken, NJ: John Wiley & Sons.
- Estrella, K. (2001). Multicultural approaches to music therapy supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 39-68). Gilsum, NH: Barcelona Publishers.

## **PART 2 / PARTIE 2**

## **WORKSHOPS / ATELIERS**

## Brief Music Therapy: Windows of opportunity

MARIE KANE BENVENISTE, MTA

This workshop invites participants to journey through musical experiences with clients in palliative care and in a women's shelter. Anecdotal accounts of work with certain clients where the musical encounter has been mainly through song will be presented. The song becomes a catalyst for change in the way the client may experience a time of transition. When family or friends are present, the experience may hold resonance and meaning for them too, and change the way they experience what is happening to their loved one. Participants will be invited to sing songs that were chosen by clients, and in so doing, explore the richness that such a simple act can offer.

The presenter will invite participants to share ways in which they face the challenges of working in situations where the number of sessions is uncertain. What can a therapist do to make this experience fruitful even if it is for one session? How can a therapist avoid burnout when there is a fast turnover of clients? What kinds of outcomes may be considered meaningful in this context? This workshop will offer a window of opportunity for music therapists to share their stories of encounters through song.

*"Don't worry if it's not good enough for anyone else to hear, just sing. Sing a song."*

### References

Hadley, S. (2006). *Feminist Perspectives in Music Therapy*. Gilsum, NH: Barcelona Publishers.  
Kenny, C. (2006). *Music and Life in the Field of Play: An Anthology*. Gilsum, NH: Barcelona Publishers.

---

## Ellen's chorus: Maximizing the hidden power of music therapy for a community

BETSY BLACHLY-CHAPIN, MS, MA, MT-BC

When Ellen, a friend and neighbor, was diagnosed with lung cancer in late 2005, I proposed to her to establish Ellen's Chorus, knowing her fierce connection to songs and singing. Our singing in Ellen's living room commenced the next Monday and continued for over two years, even after she died.

In the six months that have elapsed since Ellen died, it is clear that this model can be a profound undertaking for a music therapist. For a person with cancer, meeting once a week with friends to intentionally sing for healing purposes becomes part of her treatment. Friends feel empowered to contribute to the treatment, and their sound becomes a healing space where dealing with grief before a friend's death, and after, can occur.

This experiential "voice-on" workshop has three parts:

1. History and suggested structure for a healing chorus, and how this model can be transplanted to other settings for people with cancer.

2. The role and the methodology of the music therapist as leader in community music therapy: Use of spontaneous song writing, drones, toning, significance of Internal DJ, and occasional interventions. Ellen becomes the leader and teacher.
3. The sharing of particular songs that enriched the bonds between Ellen and her friends

Ellen's Chorus is the story of singing and the reparative quality of songs. Unique to songs is the lack of necessity to speak or to analyze while simultaneously establishing meaning between the group and the person who is ill.

## References

- Aldridge, G., (1996). "A walk through Paris": The development of melodic expression in music therapy with a breast cancer patient. In *The Arts in Psychotherapy*, 33 (3), 207-223.
- Gioia, T. (2006) *Healing Songs*. Duke University Press.
- Newham, P. (1997). *Therapeutic Voicework: Principles and practice for the use of singing as therapy*. London: Jessica Kingsley Publishers.
- Pavlicevic, M, & Ansdell, G. (Eds.). (2004) *Community Music Therapy*. London: Jessica Kingsley PublisherS.
- Sacks, O. (2007). *Musicophilia: Tales of music and the brain*. NY: Alfred Knopf.
- Winnicott, D.W. (1971). *Playing and Reality*. London and New York: Routledge.

## Techniques of vocal play and improvisation

DENA CONDRON, MMT, MT-BC, LPC

The presentation will begin with an overview of techniques of vocal play and improvisation developed and used by the presenter in clinical practice. A demonstration of these techniques via videotaped examples will be followed by experiential activities during which participants will have the opportunity to explore them. The presentation will conclude with a time for questions and discussion. Participants will also receive a recommended reading list.

## References

- Loewy, J. V. (1995). The musical stages of speech: A developmental model of pre-verbal sound making. *Music Therapy*, 13(1), 47-73.
- Tyson, F. (1982). Individual singing instruction: An evolutionary framework for psychiatric music therapists. *Music Therapy Perspectives*,, 1(1).

## **The Nuevo Tango: Evoking the aesthetics of passion and sadness in clinical improvisation**

MARC HOUDE, BMus, MMT

This workshop will include: a listening component focusing on rhythmic tango pieces and lyrical movements; a discussion of historical and musicological aspects and their relevance for therapy; an examination of the tango's prominent musical features and demonstration of their use in potential clinical situations; and a group experience of a structured improvisation based on a composition by Piazzolla.

### **References**

Lee, C.A. & Houde, M. (in press, 2009). *Improvising in Styles: A Workbook for Music Therapists*. Barcelona Publishers

---

## **The use of adapted music technology in a pediatric rehabilitation setting**

WILLIAM MURRAY, BMT  
CARL BONURA, BSc (OT)

ErinoakKids music therapist, William Murray, occupational Therapist Carl Bonura and technician Richard Tibay have developed a new patent pending adapted musical instrument. This music therapy presentation and workshop will present and showcase existing and new and innovative adaptations of traditional musical instruments. The presentation will focus on:

- adaptations of traditional musical instruments that allow musical access to specific music therapy clientele that may not be able to access musical instruments and musical experiences in traditional non-adaptive ways.
- description and demonstration of adapted music technology used within a pediatric rehabilitation setting.
- demonstration of a newly developed switch activated guitar.
- video and audio media to showcase examples of adapted musical instruments in action.

The presentation workshop will allow participants to fully engage in the use of adapted musical instruments and will facilitate improvisation and song-writing using adapted musical instrument technology. Presenters will focus on clinical examples in a pediatric setting but will expand the presentation to examine the applications of adapted musical technology in all areas of appropriate music therapy populations.

### **References**

Hunt, A., Kirk, R. & Neighbour, M. (2004). Multiple media interfaces for music therapy. *IEEE MultiMedia*, 11 (3). 50-58.

Hunt, A. & Kirk, P. (1999). *Digital sound processing for music and multimedia*. Butterworth - Heinemann.

Hunt, A. et al. (2000). The role of gesture in environmental control. *Proceedings of the 26<sup>th</sup> EUROMICRO Conference – Volume 2* (p. 2377)

## Guitar-based blues for music therapists

MICHAEL J. SILVERMAN, PhD, MT-BC

Guitar is a popular instrument in contemporary music therapy practice. It can be especially useful for playing the blues. The blues can be used for instrumental music or composing songs with lyrics.

The following topics will be covered in this hands-on and interactive presentation:

- 12 bar blues: participants will learn the chord progression of the 12 bar blues
- Improvisation: participants will learn options of how to set up guitar-based improvisation using the guitar
- Shuffle: participants will learn the shuffle in the key of A, the open position (no bar chords necessary)
- Minor pentatonic: participants will learn the minor pentatonic scale and where and how to use it in a therapeutic context to increase expressivity
- Blues scale: participants will learn the blues scale and where and how to use it in a therapeutic context to increase expressivity
- Chords: participants will learn a variety of seventh chords that are commonly used in blues
- Bending strings: participants will learn how to bend strings and which notes to bend to increase expressivity
- Songwriting: participants will learn how structure songwriting using the blues

Participants will practice these skills and also learn how to teach them to clients of various diagnoses using precision teaching skills.

### References

- American Music Therapy Association (2006). *AMTA Professional Competencies*. Retrieved March 14, 2006, from <http://www.musictherapy.org/competencies.html>.
- Certification Board for Music Therapists. (2005). *CBMT scope of practice*. Downingtown, PA: Author.
- Kennedy, R. (2001). A survey of guitar course offerings in music therapy degree programs. *Music Therapy Perspectives, 19*, 128-133.
- Krout, R.E. (2006). The attraction of the guitar as an instrument of motivation, preference, and choice for use with clients in music therapy: A review of literature. *Arts in Psychotherapy, 34*, 36-52.

## **PART 3 / PARTIE 3**

### **PANEL DISCUSSIONS / TABLES RONDES**

### Three voices reflecting one in the soundscape of individual improvisational music therapy

CAROLYN ARNASON, PhD, MTA  
RACHEL RINGLAND, MTA  
HANNAH YOU, BMus, MMT (candidate)

In this panel, three music therapists will present their comparative perspectives on working with the same client at different times in his life. The client, a 9 year old boy in 1999, and now 18 years old, has global developmental delays and autistic tendencies. Each of us worked in a psychotherapeutic way with Eric (a pseudonym), where the place of change is the inner life of the client – the psyche or self. Yet we discovered diversity in our use of self, choice of theoretical lens, and musical modalities and frameworks.

We experienced challenges that profoundly affected our skills and identities as music therapists and musicians. We questioned our roles as interpreters of the music created and the therapeutic relationship. Although we keenly felt our own learning process, we were aware that Eric's process was more of a mystery. Eric entered into the musical experience with creative ease. But we still wonder what music means to him and why he responds to it. What meaning does Eric's "habit" playing have for him when he can also surprise us with responses that show he internalizes the musical experience and the relationship with his therapist? How have the therapeutic aims evolved over the years? How has Eric changed in music therapy?

Each of us will present a case study in miniature that focuses on salient aspects of our work with this client, illustrated by clinical excerpts. Time will be made available for audience questions and insights.

#### References

- Arnason, C. (2002). Musical listening: Giving audience to the music and our clients [online]. Sandane: *Voices: A World Forum for Music Therapy*. Available from [www.voices.no/mainissues/Voices2\(3\)Arnason.html](http://www.voices.no/mainissues/Voices2(3)Arnason.html)
- Maslow, A. (1971). *The farther reaches of human nature*. New York: The Viking Press.
- Oddy, N. (2001). *A field of vocal discovery: A descriptive study of vocal perception*. Unpublished Master's Thesis: Antioch University.
- 

### Palliative care support circle

DEBORAH SALMON, MA, MTA

*What do I say to the dying patient before me? Am I disturbing her with music? What if I don't know the songs he chooses? How do I know when the session should end? Some days nobody seems to want music. What do I do with my own feelings? What if I cry in front of a patient? Sometimes I feel so helpless... It's hard to talk about work to friends outside of palliative care. My everyday problems seem so petty compared to those of the patients. When I get a headache, I can't help but wonder if I've developed a brain tumour. What if I, or someone I love, gets sick and dies?*

The above concerns (and others) are not uncommon to palliative care practitioners. While palliative care work can be incredibly uplifting, rich and compelling, it may also evoke strong feelings and existential questions. The work puts us in touch (consciously or unconsciously) with our own mortality and ultimate helplessness in the face of death. It may also elicit feelings of awe at life's great mysteries and a sense of privilege at sharing such intimate moments with patients and families.

This support circle is open to all those working in hospice or palliative care; students and seasoned practitioners alike. It will be led by a music therapist with over 20 years' experience supervising and working in palliative care. Participants are invited to bring their joys and struggles, problems and solutions to share in an informal, supportive setting.

## References

- Clements-Cortes, A. (2006). Occupational stressors among music therapists working in palliative care. *Canadian Journal of Music Therapy*, 12(1), 30-60.
- Salmon, D. (2005). Ultimate Journeys: Clinical internship in end-of-life care. In C. Dileo & J. Loewy (Eds.), *Music Therapy at the End of Life*. Cherry Hill, N.J.: Jeffrey Books.
- Salmon, D. (2003). *Death and the Music Therapist: Coping with ongoing loss and suffering*: *Canadian Journal of Music Therapy*, 10 (1).

---

<p style="text-align: center;"><b>Government Regulation Panel: Taking our next steps /</b> Table Ronde sur la réglementation gouvernementale : Prochaines étapes</p>
--

SUSAN SUMMERS, MMT, MTA Moderator  
KARIE BILGER, MTA ; TONYA CASTLE-PURVIS, MTA;  
WANDA GASCHO-WHITE, MTA; CHERYL HOMUTH, BA, RRT  
GUYLAINE VAILLANCOURT, MA, MTA

Government regulation of music therapists in Canada is now a reality. Building on the last two CAMT conferences, panel members will give an overview of the regulation process in Canada, offer updates from provinces, and include perspectives on the realities of being regulated from a Ontario respiratory therapist.

Each presenter on this panel has extensive expertise and experience with government regulation. Susan Summers has represented MTABC on the BC Task Group for Counsellor Regulation since 1999 and is the Chairperson of the CAMT Government Regulation committee. Tonya Castle-Purvis, Karie Bilger and Wanda Gascho-White represent MTAO and will give updates concerning the newly created College of Psychotherapists and Mental Health Practitioners in Ontario. Guylaine Vaillancourt will provide an update regarding regulation in Quebec. Cheryl Homuth was integrally involved in the early 1990's when respiratory therapists were regulated in Ontario. She will give her perspective on the realities of being regulated in Ontario.

## The ethical voice of music therapy

TANYA BARKER, MTA Moderator, CAMT Ethics Co-chair  
BERNADETTE KUTARNA, MTA, CAMT Ethics Co-chair;  
DR. JENNIFER NICOL, MTA, RDPSYCH;  
DR. CHERYL DILEO, PHD, MT-BC;  
MARIANNE BARGIEL, MA, MTA, PHD (candidate)

The profession of music therapy offers its clients a uniquely creative therapeutic experience. Professional music therapists carefully select the quality of instruments, aesthetic environment and implementation of music interventions when providing services. During this panel presentation participants are invited to explore the challenges and complexities of identifying areas where ethical awareness is also required in order to best facilitate opportunities for a client's personal growth. Skills will be discussed for assessing, preventing, and responding to ethical issues while working individually with clients and/or in a multi-disciplinary team setting. Participants are invited to share ethical dilemmas for further discussion by panel guests. *Please remember to avoid identifying information while sharing personal experiences.*

A few examples:

1. (Entry-level) A checklist for individualized structuring of a client's environment.
2. (Entry-level) Respectful response to personal care needs that may arise during therapy.
3. (All levels) Client confidentiality and ethical dilemmas unique to working in a busy clinical setting or on a multi-disciplinary team.
4. (All levels) Provincial legislation regarding privacy laws and reporting child abuse.
5. Experienced music therapists will be invited to explore their own area of expertise, discuss continuing education, self-care & supervision opportunities, and to further their awareness of how to identify the need and various means for seeking support when a client's aims for therapy are beyond their own level of training.

### References

- CAMT Bylaws (as amended November 2007): *CAMT Ethics Code (1999) & CAMT Standards of Practice.*
- Dileo, C. (2000). *Ethical Thinking in Music Therapy.* Cherry Hill, NJ: Jeffrey Books.
- Forinash, M. (2001). *Music Therapy Supervision.* Gilsum, NH: Barcelona Publishers.

## Voice and vocal improvisation in music therapy training in Canada

SUSAN SUMMERS, MMT, MTA, Moderator, Capilano University  
CAROLYN ARNASON, PhD, MTA, Associate Professor/ Professeure adjointe, Wilfrid Laurier University  
DEBBIE CARROLL, PhD, MTA, Professor of Music Therapy/ Professeure en musicothérapie, Université du Québec à Montréal  
JENNIFER LIN, MM, MA, MT-BC, Canadian Mennonite University  
LUCANNE MAGILL, DA, MT-BC, Associate Professor/ Professeure adjointe Coordinator/coordinatrice, Music Therapy Program/ Programme de musicothérapie, School of Music/École de musique, University of Windsor

Voice is our first instrument: most of us sing, hum, vocalize and improvise from an early age. The use of voice in clinical music therapy work is widespread and yet it is only in the last two decades that there have been published books, vocal psychotherapy training and conferences dedicated to voicework in music therapy. The panel members will share their own journey with voice as well as their professional clinical focus using voice. They will discuss how voice instruction and training, and integration of the voice in clinical techniques are included in the various Canadian training programs. There will be brief presentations by each panel member, a roundtable discussion among panel members and time for discussion with audience members.

### References

- Austin, D. (2009). *The theory and practice of vocal psychotherapy: Songs of the self*. London: Jessica Kingsley Publishers.
- Austin, D. (2007). Vocal psychotherapy. In B.J. Crowe & C. Colwell (Eds.), *Effective clinical practice in music therapy: Music therapy for children, adolescents, & adults with mental disorders* (76-93). Silver Spring, MD: American Music Therapy Association, Inc.
- Austin, D. (2001). In search of the self: The use of vocal holding techniques with adults traumatized as children. *Music Therapy Perspectives*, 19 (1), 22-30. For a complete list of Diane Austin's publications, visit [www.dianeAustin.com/index.html](http://www.dianeAustin.com/index.html)
- Bailey, L. (1984). The use of songs in music therapy with cancer patients and their families. *Music Therapy* 4(1), 5-17.
- Baker, F. & Wigram, T. (Eds.) (2005). *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators, and students*. London: Jessica Kingsley Publishers.
- Bruscia, K. (1987). *Improvisational models of music therapy*. Springfield, Ill: Charles C. Thomas. (Ch. 27~ Vocal improvisation therapy (Lisa Sokolov model of Embodied VoiceWork).
- Gardner, K. (1990). *Sounding the inner landscape: Music as medicine*. Stonington, ME: Caduceus Publications.
- Gardner-Gordon, J. (1993). *The healing voice: Traditional and contemporary toning, chanting and singing*. Freedom, CA: The Crossing Press.
- Hale, S. (1995). *Song and silence: Voicing the soul*. Albuquerque, NM: La Alameda Press.
- Keyes, L.E. (1973). *Toning: The creative power of the voice*. Marina del Rey, CA: DeVorss and Company.
- Lauzon, P. (1983). The healing song. Conference Proceedings of the 10<sup>th</sup> Annual Conference of the Canadian Association for Music Therapy.
- Linklater, K. (1976). *Freeing the natural voice*. New York: Drama Book Publishers.

- Magill, L. (2005). Spirituality and music therapy at the end-of-life. In C. Dileo & J. Loewy (Eds.), *Music therapy at the end-of-life*. (pp. 3-18). Cherry Hill, NJ: Jeffrey Books.
- Newham, P. (1999). *Using voice and movement in therapy*. London: Jessica Kingsley Publishers.
- Newham, P. (1998). *Therapeutic voicework*. London: Jessica Kingsley Publishers.
- Newham, P. (1993). *The singing cure: An introduction to voice movement therapy*. London: Rider Books.
- Nordoff, P. & Robbins, C. (2007). *Creative music therapy: A guide to fostering clinical musicianship*. Gilsum, NH: Barcelona Publishers. (Ch.10 ~ Stimulating free singing: Nonverbal or verbal; Ch.11 ~ Singing and songs).
- Nordoff, P. & Robbins, C. (2006). *Music therapy in special education* (2<sup>nd</sup> ed., revised). Gilsum, NH: Barcelona Publishers. (Ch.1 ~ Singing)
- Uhlig, S. (2009). Voice Forum: The voice as primary instrument in music therapy. *Voices: A World Forum for Music Therapy*. Retrieved April 13, 2009, from [www.voices.no/mainissues/mi40009000299.php](http://www.voices.no/mainissues/mi40009000299.php)
- Uhlig, S. (2006). *Authentic voices, authentic singing: A multicultural approach to vocal music therapy*. Gilsum, NH: Barcelona Publishers.
- Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators and students*. London: Jessica Kingsley Publishers.
- Zi, N. (1986). *The art of breathing: Thirty simple exercises for improving your performance and well-being*. Toronto: Bantam Books.

**PART 4 / PARTIE 4**

**KEYNOTE SPEAKERS /  
CONFERENCES PRINCIPALES**

**A 'Voice' for everyone: The heart of music therapy in Canada**  
Une « voix » pour tous : le cœur de la musicothérapie au Canada

NANCY MCMASTER, MA,MTA

Nancy opened the conference with an invitation to reflect on what lies at the heart of music therapy – our vocation to attend to the intricate blend of the 'voices' of our clients and their caregivers, ourselves and our colleagues... and our society.

As a music therapy pioneer, educator and clinician in Canada, Nancy used music, images and case examples to honour the passionate values and 'voices' of the first CAMT visionaries, of our diverse training programs, of each of us and this work that enriches and challenges all who are touched by music therapy.



Nancy a ouvert le congrès avec une réflexion sur ce que l'on retrouve au cœur de la musicothérapie : notre mission à être attentif à la complexité des voix de nos clients, des aidants naturels, de nous-mêmes et de notre société.

En tant que pionnière canadienne de la musicothérapie, la professeure et clinicienne, Nancy McMaster, se servait de musique, d'images et d'études de cas afin de mettre à l'honneur la passion, les valeurs et les voix des premiers visionnaires de l'Association de musicothérapie du Canada, les horizons de nos divers programmes de formation, chacune de nos voix et le travail qui enrichie et défie tous ceux qui sont rejoints par la musicothérapie.

**Sound therapy and the thinking ear:  
How the sounds around us can destroy or revive us**  
La thérapie par le son et l'oreille pensante :  
comment les sons qui nous entourent nous détruisent ou nous ravivent

R. MURRAY SCHAFFER,  
Composer, educator, researcher, writer, ecologist, visual artist / Compositeur,  
pédagogue, chercheur, écrivain, écologiste et artiste visuel

*No abstract of his keynote provided. For a detailed biography of R. Murray Schafer, please consult the conference program:*

[http://www.musictherapy.ca/docs/conference/PROG\\_CAMT\\_2009\\_P\\_01\\_44\\_V3.pdf](http://www.musictherapy.ca/docs/conference/PROG_CAMT_2009_P_01_44_V3.pdf)



*Aucun résumé de sa conférence n'est disponible. Pour une biographie détaillée de R. Murray Schafer, veuillez consulter le programme du congrès :*

[http://www.musictherapy.ca/docs/conference/PROG\\_CAMT\\_2009\\_P\\_01\\_44\\_V3.pdf](http://www.musictherapy.ca/docs/conference/PROG_CAMT_2009_P_01_44_V3.pdf)

DIANE AUSTIN, PHD, Music Psychotherapist, USA

We enter the world and with our first sound announce our arrival. We begin as vital, spontaneous beings, curious and open, and the sounds we make express this. As we continue to grow and develop, we are affected by the spoken and unspoken messages we receive from the significant people in our lives. Many of us lose our individual voices, sometimes subtly and gradually without even realizing it is happening and sometimes not so subtly. When our feelings and needs are judged or ignored, we learn to judge or ignore them. We shut down for self-preservation. We silence ourselves.

I have been practicing music psychotherapy for more than 20 years. I work in private practice primarily with adolescents and adults. Throughout the years I have witnessed the power of vocal and musical interventions to help people reclaim their voices and transform their lives. I have had the privilege of companionship my clients as they struggle to recover lost parts of themselves. I have been inspired by their music, their words and their willingness to enter unknown territory in order to grow and change. Their courage has fueled my own. This presentation will describe my experiences and discoveries along the way.



Nous manifestons notre venue au monde par un son. Nous naissons pleins de vie, nous sommes des êtres spontanés, curieux et ouverts. Les sons que nous faisons alors expriment ces états. À mesure que nous grandissons et que nous nous développons, nous sommes touchés par les messages verbaux ou non verbaux que nous recevons des personnes significatives de nos vies. La plupart d'entre nous perdons notre voix personnelle, quelquefois de façon subtile et graduelle, sans réaliser ce qui se passe, ou encore parfois de façon plus radicale. Lorsque nos sentiments ou besoins sont jugés ou ignorés, nous apprenons à les juger ou à les ignorer. Nous restons silencieux. Nous taisons notre propre voix.

Je pratique la psychothérapie musicale depuis plus de 20 ans. Au début, j'ai travaillé en pratique privée avec des adolescents et des adultes. Au fil des ans, j'ai été témoin du pouvoir des interventions vocales et musicales aidant les personnes à reprendre leur voix et à transformer leur vie. J'ai eu le privilège d'accompagner mes clients dans leurs efforts pour retrouver les parties égarées d'eux-mêmes. J'ai été inspirée par leur musique, leurs mots et leur détermination à explorer des espaces inconnus afin de pouvoir grandir et évoluer. Leur courage m'a alimentée. Cette présentation exposera mes expériences et découvertes à travers ce parcours.

## **PART 5 / PARTIE 5**

### **PRE-CONFERENCE WORKSHOPS / ATELIERS PRÉ-CONGRÈS**

## Vocal Psychotherapy in action / Psychothérapie vocale en action

DIANE AUSTIN, PhD

This intensive workshop will provide opportunities for participants to experience the power of the voice in facilitating a connection to oneself and others. We will explore the use of breath, tone and vocal improvisation through exercises and activities and learn some of the ways in which voicework can facilitate the therapeutic process by enabling clients to gain access to their spontaneous, authentic selves and experience a wide range of feelings, sensations and related associations. Through audio taped case examples from my work in private practice with adults, I will illustrate how songs, toning and vocal improvisation can be used in various stages of the healing process to retrieve feelings, images and memories from the unconscious. I will demonstrate 'vocal holding techniques' and play examples of the ways in which these techniques work to help clients recover split-off, dissociated aspects of themselves. These dissociated aspects of the personality can then be related to and gradually integrated through music and verbal processing, resulting in a more complete, cohesive sense of self and identity.



Cet atelier intensif offrira l'occasion aux participants d'expérimenter le pouvoir de la voix en facilitant la connexion à soi-même et aux autres. Nous explorerons l'utilisation du souffle, de la tonalité et de l'improvisation vocale au moyen d'exercices et d'activités. Nous apprendrons quelques unes des manières par lesquelles le travail vocal facilite le processus thérapeutique permettant ainsi aux clients d'entrer en contact avec leur être authentique et spontané et d'expérimenter une vaste étendue de sentiments, de sensations, et d'associations. À l'aide d'extraits de séances privées avec des adultes, je vais démontrer comment le chant, le « toning » et l'improvisation vocale peuvent être utilisés dans plusieurs étapes du processus de guérison afin de faire ressortir les sentiments, les images et les souvenirs enfouis dans l'inconscient. Je vais faire la démonstration des techniques de «retention vocale» et vous ferai entendre des exemples qui illustreront la façon dont ces techniques peuvent aider les clients à retrouver des parties dissociées d'eux-mêmes. Ces mêmes parties de la personnalité peuvent être graduellement réintégrées grâce à la musique et à la vocalisation, produisant ainsi des résultats plus complets sur le plan du sens de la cohésion identitaire et personnelle.

**Positioning yourself in the music therapy marketplace:  
Tips for private practice and employed music therapists /  
Se positionner dans le marché de la musicothérapie :  
Conseils pour musicothérapeutes en pratique privée ou salariée**

JENNIFER BUCHANAN, BMT, MTA

As music therapy is accepted more into the mainstream public, interest is percolating as to how agencies and individuals can access this innovative and successful therapeutic option.  
Are you ready?

This workshop is designed specifically for music therapists and other expressive arts therapists who are skilled and motivated by their profession and are seeking guidance on how to better articulate what they do while increasing their profile, profession and clinical portfolio.

The following questions and topics will be discussed.

1. What does it mean to 'demonstrate passion and commitment to your profession' -- and why should that matter when all I want are a few clients?
2. How much time do you have? The answer -- whatever time you have been given. Present your profession and your personal skill set in 10-minutes or less. How can you create a music therapy presentation that is musical, engaging, and uplifting -- even in a short amount of time?
3. Get to know and understand your potential client and what they want to hear, not what you want to tell them.
4. Maintain critical relationships that will support your efforts in generating awareness and profile of your profession.
5. How do you survive when 'they' say, "we don't have any money"?
6. The world suggests that things are changing rapidly and it is important we keep up. Let's look at the value of simplifying; slowing down and sustaining the work we do have, focusing on longevity and our long-term vision, not our short-term gains.
7. There are four key principles to help you position yourself well in the music therapy marketplace: providing a great service, pricing accurately, giving something extra and never losing your focus.

This workshop will stay focused on the heart of the work – our clients -- which is what you must do if you are going to motivate or ignite strong interest and passion into what you have to offer.



La musicothérapie est de plus en plus acceptée sur la place publique et l'engouement pour ce domaine se fait ressentir alors qu'on se questionne sur comment les agences et les individus pourraient avoir accès à cette option thérapeutique innovatrice et éprouvée. Êtes-vous d'attaque ?

Cet atelier est conçu spécifiquement pour les musicothérapeutes et les autres thérapeutes par les arts qui sont qualifiés et motivés par leur profession et cherchent des conseils pour mieux expliquer leur travail tout en améliorant leur porte-folio professionnel et clinique.

Les points suivants seront abordés

1. Que signifie « démontrer passion et implication dans sa profession » et quelle importance cela a-t-il si je ne veux que quelques clients ?
2. Combien de temps avez-vous ? La réponse est... le temps qu'on vous a imparti. Comment présenter votre profession et vos aptitudes personnelles en moins de 10 minutes. Comment concevoir une présentation musicale, attrayante et vivifiante de la musicothérapie – même dans un court laps de temps.

3. Essayez de connaître et de comprendre vos clients potentiels ainsi que ce qu'ils souhaitent entendre et non ce que vous souhaitez leur dire.
4. Maintenez les relations essentielles qui soutiendront vos efforts pour faire connaître la musicothérapie
5. Que faire quand ils disent : « Nous n'avons pas d'argent » ?
6. Les choses changent vite dans le monde actuel et il est important de rester à la page. Ne négligeons pas la valeur de la simplification : ralentir et garder ce qu'on a, mettre l'accent sur la durée et la vision à long terme et non sur les gains à court terme.
7. Quatre grands principes vous aideront à bien vous placer sur le marché de la musicothérapie – offrir un service de qualité, fixer des tarifs appropriés, offrir quelque chose en plus, et ne jamais perdre de vue votre but.

Cet atelier se concentrera sur le cœur de notre travail soit nos clients. Il abordera ce que vous devez faire si vous souhaitez motiver ou susciter intérêt et passion dans ce que vous avez à offrir.

---

<p><b>Supervision basics: Music therapy internship supervision in Canada, Level 1 /</b> Les bases de la supervision d'internat en musicothérapie au Canada, Niveau 1</p>
--

AMY CLEMENTS-CORTES, MM, MTA  
MARIANE BARGIEL, MA, PhD Candidate, MTA

This workshop will explore the many roles of the supervisor through the enabling process which allows a pre-professional to become a skilled music therapist. The following topics will be explored through lecture and by interaction, reflection and role-playing: defining supervision, supervisor skills and development, approaches to supervision, competency-based model for CAMT, formative and summative evaluation, ethical and multicultural issues, mentoring new professionals, and setting up a new internship site. This workshop will be based on the handbook *Supervision Basics: A Guide to Music Therapy Internship in Canada* which all participants will receive. The workshop will be held separately in English and French with some bilingual plenary times.



Cette journée vous convie au sein des différents rôles du superviseur et du processus facilitateur qui permet à un préprofessionnel de devenir un musicothérapeute qualifié. Les thèmes suivants seront explorés par le biais d'exposés théoriques, de discussions et de jeux de rôles : définition de la supervision, habiletés et développement du superviseur, approches en supervision, modèle basé sur les compétences pour l'AMC, évaluation formative et sommative, questions éthiques et multiculturelles, mentorat pour les nouveaux professionnels et création d'un site d'internat. Le manuel *Supervision Basics : A Guide to Music Therapy Internship in Canada*, que chaque participant recevra, sera utilisé pour la formation. L'atelier sera présenté séparément en français et en anglais, avec des périodes de plénière.

**What's in a song? The many layers of our voice /**  
Qu'y a-t-il dans une chanson ? Les multiples facettes de notre voix

NICOLA ODDY, MA, MTA, CCC

Singing enriches all of our lives if we allow it to. We sing for joy, for release, to bring our breath to life, to share with others, and to seek personal fulfillment. The rise of the community choir has been unprecedented in recent years. People all over the world are relearning that to sing is to enhance life. And we are learning that this is true for our clients as well. During this workshop we will work with vocal improvisation, the concept of matching a client's voice quality in partnership with matching their rhythms, tempos and melodies. We will sing in spontaneous harmony, using a full spectrum of vocal options from toning and chant to improvised release to pre-composed song. We will examine the use of voice in our work and in our lives, examine how we are affected emotionally by our voices, and examine the question. What's in a song?



Si nous osons chanter, toute notre vie s'en trouve enrichie. Nous chantons pour exprimer notre joie, nous libérer, donner vie à notre souffle, partager avec les autres et pour être en quête d'un bien-être personnel. Le nombre de chorales a connu une augmentation fulgurante ces dernières années. Partout à travers le monde, les personnes redécouvrent le chant comme moyen d'augmenter leur qualité de vie. Et nous découvrons qu'il en est de même pour nos clients. Lors de cet atelier, nous travaillerons au moyen d'improvisations vocales, afin d'harmoniser la qualité de voix du client avec ses rythmes, tempi et mélodies. Nous chanterons en créant des harmonies spontanées, en utilisant les différentes options vocales du toning, du chant, de l'improvisation libératrice et de la chanson pré-composée. Nous regarderons l'utilisation que nous faisons de la voix dans notre travail et dans notre vie, comment celle-ci nous rejoint émotionnellement et nous nous pencherons sur la question : qu'est-ce qu'une chanson ?

## **PART 6 / PARTIE 6**

### **Oncology in Music Therapy: Level I Training Course** La musicothérapie en oncologie: Formation avancée Niveau I

<p style="text-align: center;"><b>Oncology in Music Therapy: Level I Training Course</b> La musicothérapie en oncologie: Formation avancée Niveau I</p>
---

AMY CLEMENTS -CORTES, MM, MTA  
CHERYL DILEO, PhD, MT-BC  
LUCANNE MAGILL, DA, MT-BC  
CLARE O'CALLAGHAN, PhD

### **Introduction**

Music therapy is a well established profession that offers treatment approaches found efficacious in addressing a range of needs and issues presented by cancer patients and families. In oncology settings worldwide, music therapy is identified as a non-pharmacologic health care treatment modality offering soothing and expressive benefits to those receiving this care. Specific music therapy strategies are provided by board certified and accredited music therapists to facilitate meaningful changes in physiological, psychosocial and spiritual processes.

### **Purpose**

To provide advanced training in Music Therapy and Oncology to Board-Certified and Accredited Music Therapists. This training would improve the provision of high standard and quality care to patients and caregivers, as it will provide music therapists with knowledge, advanced skills and methods for caring for patients and families. Such training will help further prepare music therapists to provide service to patients at all stages of illness and their families, across and throughout the continuum of their illness.

### **Course outcome**

1. To develop and increased understanding of the etiology of cancer and the multifaceted medical, psychosocial and spiritual needs and issues of this population;
2. To develop in depth understanding of the dynamics and processes of individual and group music therapy in oncology;
3. To develop an in depth understanding of the theoretical framework and context for treatment in music therapy in oncology;
4. To gain further knowledge of effective techniques and strategies to use in caring for patients, families and staff caregivers;
5. Expand ability to use advanced level music therapy strategies to meet the needs and issues of cancer patients and caregivers;
6. To expand the clinician's personal awareness as a way to help clinician improve depth of therapeutic skill and improve quality of work.

### **Plan**

This course is designed to be conducted over 3 Levels: Level I, Level II and Level III. Each participant completing the 3 Levels of Training will earn a Music Therapy in Oncology Advanced Training Certificate and will earn CME credits (amount to be determined). The proposed course is Level I. This first level would serve as an introductory level.



## **Introduction**

La musicothérapie est une profession bien établie qui propose des approches thérapeutiques efficaces pour le traitement d'un éventail de besoins et de problèmes particuliers aux patients en oncologie et aux membres de leurs familles. Dans les unités de soins oncologiques à travers le monde, la musicothérapie est reconnue comme une méthode de traitement non pharmacologique offrant aux patients des avantages nets en matière d'apaisement et d'expression. Des stratégies musicothérapeutiques spécifiques sont fournies par des musicothérapeutes certifiés et accrédités afin de faciliter les changements importants qui surviennent dans les processus physiologiques, psychosociaux et spirituels.

## **But**

Offrir à des musicothérapeutes certifiés par l'association et accrédités une formation spécialisée dans le domaine de la musicothérapie en oncologie. Cette formation améliorerait la prestation de soins standard et de haute qualité aux patients et aux soignants, en fournissant aux musicothérapeutes des connaissances, des méthodes et des compétences avancées pour le soin des patients et des membres de leurs familles. Une telle formation contribuerait à préparer les musicothérapeutes à la prestation de services aux patients à tous les stades de la maladie et aux membres de leurs familles et ce, pendant toute la durée du traitement et le continuum des soins qui leur sont prodigués.

## **Objectifs**

1. Développer et améliorer la compréhension de l'étiologie du cancer et des besoins et problèmes multidimensionnels de nature médicale, psychosociale et spirituelle de cette clientèle;
2. Développer une compréhension approfondie de la dynamique et des processus de la musicothérapie individuelle et de groupe en oncologie;
3. Développer une compréhension approfondie du modèle théorique et du contexte associés au traitement musicothérapeutique en oncologie;
4. Obtenir des connaissances additionnelles concernant des techniques et des stratégies efficaces pouvant être utilisées pour le soin des patients, des membres de leurs familles et des soignants;
5. Rehausser la capacité d'utiliser des stratégies musicothérapeutiques de niveau avancé pour répondre aux besoins et aux problèmes des patients et des soignants;
6. Rehausser la conscience de soi personnelle du clinicien comme moyen de l'aider à améliorer l'étendue de ses aptitudes thérapeutiques et la qualité de son travail.

## **Plan**

Ce cours est conçu pour se dérouler en trois niveaux : niveau I, niveau II et niveau III. Chaque participant qui terminera les trois niveaux de la formation obtiendra un certificat de formation spécialisée à la musicothérapie en oncologie ainsi que des crédits FMC (quantité à déterminer). Le cours proposé est le celui de niveau I, soit un cours d'introduction.

# INDEX

Arie, Elizabeth	24
Arnasaon, Carolyn	48
Austin, Diane	6, 54, 57
Baines, Sue	7
Bargiel, Marianne	8, 10, 50, 59
Barker, Tanya	50
Benveniste, Marie Kane	43
Bilger, Karie	49
Blachly-Chapin, Betsy	43
Bonura, Carl	45
Buchanan, Jennifer	57
Carroll, Debbie	51
Castle-Purvis, Tonya	49
Century, Hélène	12
Clark, Beth	13
Clement-Cortes, Amy	59, 62
Comeau, Pascal	14
Condron, Dena	44
Courtnage, Alesya	15
Danko, Graeme	7
DiGiacomo, Tony	15
Dileo, Cheryl	50, 62
Eyre, Lillian	16, 17
Gascho-White, Wanda	18, 49
Heath, Bob	27
Holm, Pamela	22
Homuth, Cheryl	49
Houde, Marc	45
Isenberg, Connie	23
Kern, Petra	23
Kutarna, Bernadette	50
Labbé, Linda	10, 19
Larouche, Sylvain	24
Lefebvre, Claire	19
L'Espérance, Micheline	26
Lightstone, Aaron	27
Lin, Jennifer	51
Lings, Jane	28
Magill, Lucanne	30, 31, 51, 62
McMaster, Nancy	54
Mitchell, Elizabeth	29
Murray, William	45

Nicol, Jennifer	20, 50
O'Callaghan, Clare	30, 31, 62
Oddy, Nicola	60
Peyrin, Julien	32
Preston-Roberts, Patricia	32
Purdie, Heather	25
Ringland, Rachel	48
Salmon, Deborah	49
Schafer, R.Murray	54
Schenstead, Amanda	33
Seabrook, Deborah	34
Silverman, Michael	35, 46
Snow, Shelley	37
Summers, Susan	49, 51
Vaillancourt, Guylaine	10, 49
Vander Kooij, Cynthia	37
Varewyck, Daisy	38
Wheeler, Barbara	39
You, Hannah	15, 48
Young, Laurel	40