

Canadian Music Therapists' Perspectives on the Current State of Music Therapy as a
Profession in Canada

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20

ABSTRACT

Canadian Music Therapists' Perspectives on the Current State of Music Therapy as a Profession in Canada

Erin Gross

Although the profession of music therapy has made many advances since the Canadian Association for Music Therapy (CAMT) was established in 1974, it is still a relatively new profession and as such, faces a variety of challenges. However, it is not known how these challenges are perceived by Canadian music therapists—all of whom live in diverse urban and rural regions of a geographically large country and work within different provincial/territorial healthcare and education systems. Furthermore, it is not known how these diverse experiences impact upon Canadian music therapists' current views of the profession. Therefore, the purpose of this study was to examine Canadian music therapists' perspectives on the current state of music therapy as a profession in Canada. Participants ($N = 87$) completed an online survey that examined their perceptions of the definition of music therapy, scope of practice, professional certification, government regulation, and professional advocacy—all in relation to the profession of music therapy in Canada. Results indicated that a majority of respondents believed that both the CAMT's definition of music therapy and the Music Therapy Association of Ontario's (MTAO) scope of practice statement are representative of the current profession and practice of music therapy in Canada. However, respondents' perceptions were more varied in the other areas of the survey. Potential implications for the profession as well as areas for further research are discussed.

Keywords: music therapy, Canada, profession, professionalization, survey

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Table of Contents

List of Tables	vii
Chapter 1	1
Research Questions	11
Chapter 2	12
Literature Review	12
Defining Music Therapy	12
Scope of Practice	17
Professional Certification	20
Government Regulation	24
Professional Advocacy	27
Chapter 3	30
Method	30
Participants	30
Materials	30
Procedures	31
Data Analysis	32
Chapter 4	33
Results	33
Demographic Characteristics	33
Current Perspectives of Canadian Music Therapists	36
Current Perceptions of the Profession and Scope of Practice	38
Current Perceptions of Professional Certification	39
Current Perceptions of Government Regulation	40
Current Perceptions of Professional Advocacy	42
Chapter 5	45
Discussion	45
Canadian Music Therapists' Perceptions of the Profession	45
Canadian Music Therapists' Perceptions of Scope of Practice	48
Canadian Music Therapists' Perceptions of Professional Certification	49
Canadian Music Therapists' Perceptions of Government Regulation	52
Canadian Music Therapists' Perceptions of Professional Advocacy	53
Limitations	55
Implications for the Profession	56
Implications for Research	58
Concluding Remarks	60
References	61
Appendices	72
A. CAMT Poster	72
B. Invitation to Participate and Consent Form (English)	73
C. Invitation to Participate and Consent Form (French)	75

D. Survey E-Mail Reminder (English and French) 77
E. Survey (English)..... 78
F. Survey (French) 83

List of Tables

Table 1 – Demographic Characteristics.....	35
Table 2 – Current Perspectives of Canadian Music Therapists.....	37
Table 3 – Correlational Statistics.....	38

Chapter 1

Music therapy in Canada is a relatively young and emerging profession. Since the first documented practices began in Toronto in the 1950s, the field has made significant gains, perhaps the most notable of which was the formation of the Canadian Association for Music Therapy (CAMT) in 1974 (Alexander, 1993). The CAMT is a federally incorporated professional association, which has established standards of practice, a code of ethics, and accreditation (i.e., certification) procedures. Currently, it has approximately 750 members (487 of whom are accredited music therapists) and seven provincial chapters (P. Raghubir, personal communication, May 29, 2013); it publishes a peer-reviewed journal, and hosts an annual national conference. There are six CAMT-approved university training programs, most of which are involved in research initiatives, and two of which provide education at the Masters level (Canadian Association for Music Therapy, 2013). A national non-profit organization called the Canadian Music Therapy Trust Fund (CMTTF) was formed in 1994 and has raised over 4 million dollars, which has helped to fund over 400 clinical music therapy projects across the country (Buchanan, 2009). Finally, there have been several recent features in the Canadian media on music therapy which not only help to increase public awareness but may also increase public acceptance of the field as a legitimate form of professional practice (for examples see Canadian Broadcasting Corporation, 2011; Gordon, 2011; Jolly, Pettit, & Mahoney, 2011; Nadeau, 2011; Rooy, 2013; Ubelacker, 2013). In spite of these advances however, Canadian music therapists still struggle to find work in their chosen profession. Insufficient funding is often cited as the primary reason for this situation (Alexander, 1993; Canadian Association for Music Therapy, 2004; Pearson, 2006).

My involvement in the profession “officially” started in 2001 when I began my undergraduate music therapy studies at Wilfrid Laurier University (WLU). Here, I not only learned about various music therapy theories and techniques, but also experienced what felt like an advancement for the profession when WLU opened the only Master’s program that existed in Canada at that time (Ahonon-Eerikainen et al., 2007). After finishing my coursework, I went on to complete a multi-site internship where I provided music therapy services in a hospital setting and at a community-based music therapy clinic under the guidance of two different supervisors. Following my internship, I moved on to work for a music therapy company in Alberta where for four years, I had the opportunity to interact with a diverse team of Canadian and international music therapists. I then moved back to Ontario where I assumed positions at both of my former internship sites. In 2008, I became the Public Relations Chair on the CAMT Board of Directors where it was (and is) my role to not only promote awareness of the profession in Canada but also to address members’ concerns regarding the public’s perceptions (or misperceptions) of the profession. In 2011, I enrolled in the MA in Creative Arts Therapies program (music therapy option) at Concordia University. Here, I was exposed to multiple perspectives on the practice and profession of music therapy. I was also introduced to the Montreal music therapy community and the French language and culture of Quebec.

Overall, I believe that these wide-ranging experiences have had a positive influence on my practice and that being exposed to different philosophies and ways of working has given me a broad perspective on the profession. However, I also began to wonder about other music therapists’ experiences and views. If Canadian music

therapists' perspectives on the profession were as diverse as my experiences had led me to believe, what might this mean for the future development of music therapy in Canada? I wondered if it was possible for a profession to move forward if the practitioners of that profession have differing perspectives on key issues? I began my investigation by consulting the literature to find out what it actually means to be a "profession."

In general, a profession may be defined as the highest level of occupational functioning in a particular area (Emener & Cottone, 1989). More specifically, Imse defined a profession as:

An occupational group identified by (1) its fund of specialized knowledge and (2) its highly trained membership, who (3) acting with individual judgment, (4) intimately affect the affairs of others. It is usually characterized by (1) its code of ethics, (2) its spirit of altruism, and (3) its self-organization (1960, p. 41).

Similarly, Millerson (1964) identified the common traits of a profession which include: (a) skills based upon professional knowledge, (b) the provision of training and education, (c) testing the competence of members, (d) organization, (e) adherence to a professional code of conduct, and (f) altruistic service. Aigen stated that the field of music therapy contains "professional standards and responsibilities, educational competencies, certification criteria, acceptable forms of practice, and the function of the accrediting bodies" (1991, p. 80). Therefore, according to the criteria outlined above, music therapy in Canada can indeed be legitimately defined as a profession. However, my literature search also revealed that new professions often experience a process referred to as "professionalization."

Professionalization is “the process by which a gainful activity moves from the status of ‘occupation’ to the status of a ‘profession’ ” (Emener & Cottone, 1989, p. 6). Professionalization is necessary in order to safeguard quality, effectiveness, and ethical integrity of practice (Rostron, 2009). Yet, “no occupation becomes a profession without a struggle” (Goode, 1960, p. 902), and as I read the literature and thought about my own profession, it seemed to me that music therapy in Canada is no exception.

According to the literature, new professions often have difficulties differentiating themselves from occupations with similar client bases (Goode, 1960), and/or often face impingement by other professions (Emener & Cottone, 1989). In Canada, potential employers (e.g., hospitals, long term care facilities, etc.) may overlook hiring a music therapist and instead secure the services of amateur, professional, and/or semi professional musicians. These individuals may offer various types of music programs for free or at a significantly lower rate than a professional music therapist (A. Lamont, personal communication, May 27, 2013). Other health care professionals (e.g., nurses, counsellors, recreation therapists, spiritual care practitioners, etc.) sometimes incorporate music into their clinical work (Le Navenec & Bridges, 2005; Mitchell, Jonas-Simpson, & Dupuis, 2006; Sung, Lee, Chang, & Smith, 2011). This may inadvertently imply that a music therapist is not needed or that someone other than a music therapist can provide music therapy intervention.¹ Finally, the emergence of other certified music practitioners such as harp therapists or sound therapists may confuse potential employers and the public, particularly with regard to who is actually qualified to practice as a music

¹ According to the CAMT’s definition of music therapy, in order for an intervention to fall under the scope of music therapy practice, it must be carried out by a qualified music therapist (Canadian Association for Music Therapy, 1994).

therapist and what activities are contained within an accredited (i.e., certified) music therapist's scope of practice (Bunt, 2005; Stige, 2005).

Another challenge faced by new professions is the potential for internal fragmentation, which can lead to the development of rival associations, differences in education competencies, and varied methods and approaches to practice (Gray, 2011; Summer, 1997). Although it is beyond the scope of this paper to go into detail, various challenges have arisen over the years within and between the national, provincial, and regional music therapy bodies in Canada. Some of these challenges have included isolation due to Canada's large geography, difficulties communicating nationally due to lack of effective means of communication (e.g., e-mail), and differences amongst individual associations' goals or aims (F. Herman, personal communication, June 4, 2013).

There is also potential for future fragmentation of music therapy in Canada due to differences that may occur in required education competencies. As noted above, there are six CAMT-approved music therapy training programs in Canada. After initial CAMT approval, these programs are subsequently reviewed by the CAMT on a regular basis according to a set of professional competencies that have been established by the CAMT. However, it may be the case that future government regulation in some provinces will necessitate changes to these processes and competencies that will only be relevant for particular provinces. This may not only lead to differences among programs in terms of training standards, it may also lead to even wider diversity in practice across the country (Purvis, 2010).

Although diversity in practice has been viewed as a positive part of the collective Canadian music therapy identity (Buchanan, 2009; Dibble, 2010), it also presents challenges. A recent qualitative study by Byers (2012) examined 24 international music therapists' perspectives on ideas related to diversity and unity within the field of music therapy. Results indicated that:

Diversity was seen to be natural and necessary, having been created by music therapy's response to client needs. [However,] problems created by diversity included inner tensions, [poor] communication within and outside the field, and the development of a wide scope of practice that has contributed to the profession's question about identity and has raised concerns around communication and training (p. 243).

Unfortunately, Byers' study did not indicate the applicability of these results to music therapy in Canada specifically.

On the other hand, Dibble (2010) interviewed nine professional Canadian music therapists in order to explore their perspectives on the concept of collective identity in relation to the profession of music therapy in Canada. Results indicated that although the majority of participants believed that Canadian music therapists have a collective identity, there also appeared to be as many diversities (e.g., nationalities, races, ethnicities, cultural backgrounds, individual identities, geographic location) as commonalities (e.g., educational background, sense of unity, and importance of identity) amongst the participants. Although these results are informative, they cannot be generalized to Canadian music therapists as a whole given the small sample size and the qualitative nature of the study. However, they do indicate that further investigation is

warranted into understanding Canadian music therapists' perspectives on the profession at large.

Another challenge for new professions is that they may also struggle with internal divisions regarding the evaluation of professionalization (Goode, 1960). After training is completed, many professions require practitioners to complete a certification process. The overall purpose of this process is to recognize a high degree of excellence and knowledge in a specific area, to indicate expertise and achievement, and to denote professional growth and lifelong learning (Miracle, 2007). In Canada, the certification process was established in 1979 and is referred to as accreditation (Alexander, 1993). Recent reviews of the accreditation process by the CAMT Board, Canadian Music Therapy Educators, and CAMT Provincial Chapter representatives revealed various challenges with the current system (e.g., difficulties recruiting volunteer reviewers, subjective evaluation criteria, long processing times, etc.). However, these reviews also revealed varying perspectives (i.e., "internal divisions") on how these issues should be addressed thus making it difficult for any systemic changes to be implemented in a timely fashion (Cortes, 2012).

Another challenge faced by new professions is that they often exhibit a slow and inadequate reaction to political and legal forces that affect the provision of services (Emener & Cottone, 1989). In music therapy in Canada, this challenge seems most evident in provinces that have been experiencing issues related to government regulation. In Nova Scotia, the Counselling Therapists Act was passed into law in 2008. This Act resulted in the formation of the Nova Scotia College of Counselling Therapists, which now regulates the act of counselling in that province (Nova Scotia Legislature, 2008).

However, music therapists in Nova Scotia were not made aware of the proposed legislation until after it had passed, thus rendering them unable to contribute to the legislative process. As it currently stands, music therapists in Nova Scotia do not have the credentials needed to belong to this College nor any legal means by which they could lobby to qualify to become part of this College (C. Bruce, personal communication, July 4, 2013). Therefore, it appears that music therapy will not be regulated in this province anytime soon. In fact, only three provinces currently have active formalized initiatives occurring in relation to government regulation of music therapy, and these initiatives have also experienced challenges.

Music therapists in British Columbia have been seeking government regulation since 1990. At this time, the emergence of the Health Professions Act (HPA) resulted in a need for government regulation in order to gain protection for the title of “music therapist.” The Music Therapy Association of British Columbia (MTABC) sought this protection through the Occupational Title Protection (OTP) application (Kirkland, 2007).² However, it was deemed that the formation of an independent music therapy college was not possible due to the cost and relatively small number of music therapists. In 1999, MTABC joined the Task Group for Counsellor Regulation who were (and are) advocating for a College of Counselling Therapists (Music Therapy Association of British Columbia, 2013). However, up to this point in time, the Task Group’s efforts have been unsuccessful as changes in government (i.e., different political parties in power) have prevented the Task Group from getting the Regulatory College bid on the agenda of

² MTABC is a provincial chapter of CAMT.

the government or of the opposition parties (Music Therapy Association of British Columbia, 2012; Shepard, 2013).

In Quebec, a small group of Creative Arts Therapists (that includes music therapists) have been working together in an attempt to form a Professional Order³ of Creative Arts Therapies since 2004 (G. Vaillancourt, personal communication, July 1, 2013; Snow, 2012). This ongoing effort has become especially important since the implementation of Bill 21 on June 2012, which essentially restricts the practice of psychotherapy to those who belong to government designated professions/Orders. However, the provincial government has indicated resistance to supporting the formation of any new Orders (Snow, 2012). Furthermore, although advocacy efforts are ongoing, there have been varying perspectives amongst the Creative Arts Therapies professionals with regard to how scope of practice should be defined, thus making it challenging for this group to organize a united lobbying effort in this province (G. Vaillancourt, personal communication, June 4, 2013; Snow, 2012).

In Ontario, the Ontario Alliance of Mental Health Practitioners was formed in 2002 and the Music Therapy Association of Ontario (MTAO)⁴ became a member of this group (Canadian Counselling and Psychotherapy Association, 2013). Although it is still unclear as to what aspects of music therapy practice will or will not fall under the College's definition of psychotherapy, in April 2014, music therapists (along with other mental health professionals) will qualify to apply to practice psychotherapy as members of a new regulatory body—the College of Psychotherapists and Registered Mental Health

³ In Quebec, “Professional Order” is the term used to refer to the regulatory body of a health profession (Conseil Interprofessionnel du Quebec, 2013).

⁴ MTAO is a provincial chapter of CAMT

Therapists of Ontario (CRPRMHTO, 2013; Purvis, 2010). It is important to note that the advocacy process up to this point has experienced various struggles. Not all music therapists living in Ontario belong to the MTAO, (Canadian Association for Music Therapy Membership Directory, 2013) and it has therefore been difficult to effectively inform and involve all music therapists living in this province. Essentially, a small group of Ontario music therapists have been almost solely responsible for leading lobbying efforts and representing the interests of the profession. This has likely contributed (at least to some extent) to the lengthy process that it has taken to get to this point, as unified lobbying efforts involving all members of the CRPRMHTO have been needed to bring the matter to Members of Provincial Parliaments' (MPPs') attention and to keep it in their current awareness (J. Hedican, personal communication, May 26, 2013).

Given all of the factors outlined above, it appears that music therapy in Canada has indeed been experiencing a process of professionalization that is typical of new professions. However, the voices of the vast majority of Canadian music therapists themselves are missing from this conversation. It is not known if issues related to the professionalization of music therapy in Canada are understood or experienced differently by a relatively small population of diverse clinicians; who live in urban and rural regions of a geographically large country; and who work within different provincial/territorial healthcare/education systems. Increased knowledge about Canadian music therapists' perspectives on these issues could not only help to clarify the collective professional identity of the field in Canada but also highlight unique perspectives. This information could potentially help to increase understanding among Canadian music therapists as a whole, as well as help to identify national and regional strategic priorities that are needed

to advance the profession. Therefore, the purpose of this survey study was to examine Canadian music therapists' perspectives on the current state of music therapy as a profession in Canada.

Research Questions

The following primary research question guided this study: What are Canadian music therapists' perspectives on the current state of music therapy as a profession in Canada? The subsidiary questions were: (a) How do Canadian music therapists' currently perceive the profession?, (b) How do Canadian music therapists' currently perceive scope of practice?, (c) How do Canadian music therapists currently perceive professional certification (i.e., accreditation)?, (d) How do Canadian music therapists' currently perceive government regulation?, and (e) How do Canadian music therapists currently perceive professional advocacy?

Chapter 2

Literature Review

As discussed in the previous chapter, the process of professionalization contains a number of challenges that are relevant to the profession of music therapy in Canada. These include: (a) challenges faced by music therapists in differentiating themselves from occupations with similar client bases, (b) the potential to experience internal fragmentation and rivalries (related to professional associations, education competencies, and/or diverse approaches to practice), (c) internal divisions regarding the evaluation of professionalization and certification (i.e., accreditation), and (d) slow and inadequate reactions to political and legal forces that may affect the provision of service to clients. These challenges were subsequently used to formulate the subsidiary research questions, which guided the present study. The purpose of the current chapter is to provide an overview on the extent to which the topics contained in the subsidiary research questions—defining music therapy (i.e., the profession), scope of practice, professional certification, government regulation, and professional advocacy—have been examined in the music therapy literature (published and unpublished) at large. In cases where there was a lack of literature or clarification was required, the current author consulted with persons who have related expertise. This information may have relevance for the profession of music therapy in Canada, which in turn may further elucidate the need for the present study.

Defining Music Therapy

Although the use of music as a therapeutic tool dates back to ancient times (Davis, Gfeller, & Thaut, 1999; Wigram, Pederson, & Bonde, 2002;), music therapy did

not become a formalized profession until the 1950's when the first training programs were founded and professional associations were formed in the United States and the United Kingdom (Bunt, 1994). Since that time, music therapists have struggled to construct a fundamental definition of the practice and/or profession of music therapy. One of the earliest definitions was published by the National Association for Music Therapy (NAMT) in 1960.⁵ Here, music therapy was concisely defined as “the scientific application of the art of music to accomplish therapeutic aims. It is the use of music and of the therapist’s self to influence changes in behavior” (as cited in Davis et al., 1999, p. 6). A landmark book entitled *Music Therapy*, (edited by E. Thayer Gaston and published in 1968),⁶ provided no definition but instead identified three core principles of music therapy practice: (a) the establishment or reestablishment of interpersonal relationships, (b) the bringing about of self-esteem through self-actualization, and (c) the utilization of the unique potential of rhythm to energize and bring order (p. v). These early writings helped to establish the initial tone of the profession in the United States and possibly in Canada, where the profession was not formally established until 1974 (Alexander, 1993).

However, the field has grown considerably since these early ideas were formulated. New techniques and methods have been developed to address an increasingly diverse set of clinical populations in a variety of contexts. This in turn has resulted in the formulation of many different definitions—each one appearing to reflect the unique ways

⁵ NAMT was an American music therapy association, and the first national professional music therapy association, formed in 1950 (Bunt, 1994). The NAMT merged with the American Association for Music Therapy (AAMT) in 1998 to create the American Music Therapy Association (AMTA) (American Music Therapy Association, 2011).

⁶ E. Thayer Gaston was a leader in the field of music therapy in the 1940s, 50s and 60s, who established the first American internship site, and founded the first American graduate music therapy program (Davis, et al., 1999).

in which the profession has developed in different countries, cultures, and contexts (Bruscia, 1998; Davis, Gfeller, & Thaut, 2008; Wigram, et al., 2002)⁷.

In 1988, Bruscia attempted to address the need for an overarching definition of music therapy by publishing a book entitled *Defining Music Therapy*. A second (revised) edition was published in 1998. Here, Bruscia emphasized the need for definitions by explaining that they:

serve several important functions: they provide an effective tool for educating others outside of the field and answering their specific questions; they raise fundamental issues and questions for professionals within the field; they provide boundaries for clinical practice, theory, and research; they specify the body of knowledge, skills, and abilities needed to be in the field; they project a professional identity; they reveal the definer's personal viewpoint; they reflect stages of individual and collective development; and they provide a context for communication among music therapists (1998, p. 4).

However, he also stated that music therapy is very difficult to define for a myriad of reasons that go beyond the scope of the current Chapter (this topic will be briefly revisited in Chapter Five).

In 1996, the World Federation of Music Therapy (WFMT) attempted to establish a “more generic and all-embracing definition of music therapy” (Wigram, et al., 2002, p. 29) and over time, this definition has continued to evolve in light of the dynamic nature

⁷ *Defining Music Therapy*, 2nd ed. (Bruscia, 1998) contains 61 definitions of music therapy in addition to Bruscia's own definition.

of the profession and the global perspective of the WFMT (J. Spivey, personal communication, December 27, 2012). The most current definition is as follows:

Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts (World Federation of Music Therapy, 2011, para. 2).

Information on the formulation of Canadian definitions of music therapy is somewhat limited. In 1977, Canadian music therapy pioneer Norma Sharpe published an article on the history of music therapy in Canada but did not indicate if a formal definition of music therapy had been established in Canada up to that point in time. In the same year, an article published by another Canadian music therapy pioneer Susan Munro, indicated that defining music therapy in Canada was a challenge because “while the profession is known and recognized in other countries of the world, it is only starting to shape its image here” (Munro, 1977, p. 3). Furthermore, Munro stated that “to find a short and concise definition for Music Therapy is extremely hard and every Music Therapist in Canada will have to define his contribution to the healing arts in many different contexts” (p. 3) and that “music and its influence on man can not always be defined” (p. 3).

To the best of the present author’s knowledge, the first steps towards creating an official definition of music therapy in Canada took place during the first CAMT board

meetings held in 1976. The Board was comprised of a small group of music therapists from across Canada who collectively created a poster where music was portrayed as the core of [a diverse set of] music therapy processes (S. Munro, personal communication, December 29, 2012; see Appendix A). This poster was originally used as a Public Relations initiative, and was sold to CAMT members and the public to promote music therapy awareness (F. Herman, personal communication, June 4, 2013).

The current Canadian definition was adopted in 1994 at the CAMT Annual General Meeting in Vancouver, and reads:

Music therapy is the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development (Canadian Association for Music Therapy, 1994).

With no evidence to the contrary, one could assume that this definition reflected the collective perspective of the majority of Canadian music therapists who were practicing at that time. However, it is not known if Canadian music therapists' perspectives on this definition have evolved over time or if they believe that this definition is representative of the profession as it is currently being practiced in Canada. The results of the present study may shed some light on this issue.

Scope of Practice

As professions grow and are impacted by regulation and government laws, the need for clearly defined rules, regulations, and boundaries increases (Kleinpell, Hudspeth, Scordo, & Magdic, 2012). These boundaries are outlined in a profession's scope of practice, defined as "the full spectrum of roles, functions, responsibilities, activities, and decision-making capacity which individuals within the profession are educated, competent, and authorized to perform" (Nutt & Hungerford, 2010, p. 72). A profession's scope of practice is vital to determining which services a professional is qualified to perform, and in the case of music therapy, also determines what separates music therapy from other related music disciplines or practices (e.g., music education, therapeutic harp, music thanatology, sound therapy, artists in healthcare, etc.).

However, music therapy scope of practice is difficult to determine, as the practices performed by music therapists are so incredibly diverse (Byers, 2012). Music therapists work in a wide range of settings with various client populations. The ways in which they practice may be influenced by their education, training, philosophical approach, and/or cultural context. Although there is no one agreed upon "universal way" to practice music therapy, some national music therapy associations have established scope of practice documents or statements.

In the United Kingdom, all music therapists must be registered with the Health and Care Professions Council (the government body that regulates music therapy), and are required to practice within the standards set by the Council. The Council's *Standards of proficiency – Arts therapists* document defines scope of practice as "the area or areas of your profession in which you have the knowledge, skills and experience to practice

lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself” (Health & Care Professions Council, 2012, p. 3). However, the “areas” to which this statement refers are not identified. Similarly, the Australian Music Therapy Association published a Competency Standards in Music Therapy document (Australian Music Therapy Association, 2004) but to date, have not adopted an official scope of practice statement or document (A. Pearce, personal communication, January 29, 2013).

Conversely, the Certification Board for Music Therapists (CBMT) in the United States has an extensive scope of practice document that “defines the body of knowledge that represents competent practice in the profession of music therapy and identifies what an MT-BC may do in practice” (Walworth, 2009, p. 4).⁸ This document was created in 1983 and is updated every five years through a Practice Analysis Study where board certified music therapists are surveyed about their current practices (J. Schneck, personal communication, January 29, 2013; Walworth, 2009).⁹ The CBMT scope of practice document was last updated in 2008, and includes four performance domains: (a) assessment and treatment planning, (b) treatment implementation and termination, (c) ongoing documentation and evaluation of treatment, and (d) professional development and responsibilities. All of the accepted and expected practices and procedures board certified music therapists may perform are listed within each domain. Furthermore, every

⁸ The CBMT is the “certifying agency that grants credential recognition to music therapists who have met predetermined standards” in the United States (Certification Board for Music Therapists, Frequently Asked Questions, 2011, para. 1).

⁹ MT-BC (Music Therapist Board Certified) is the credential granted to music therapists who have received certification in the United States (Certification Board for Music Therapists, Accreditation, 2011, para. 1).

question on the board certification exam relates in some way to at least one item from the scope of practice document (Certification Board for Music Therapists, Scope of Practice, 2008; J. Schneck, personal communication, January 29, 2013). This document has ongoing practical importance for music therapists, as it may be used “when developing scope of practice language for regulatory and/or licensure purposes, as well as for defending one’s right to work in any employment setting” (Certification Board for Music Therapists, Definition Fact Sheet, 2011, para. 5).

Currently, there is no Canadian music therapy scope of practice document. Standard 7 in the CAMT Standards of Practice (2012) states that music therapists must “function within the recognized scope of practice of music therapy and within any relevant legislation” (p. 3). However, it is unclear as to what the “recognized scope of practice” is and who it is recognized by (e.g., music therapists, the CAMT, another external body, etc.).

In 2010, the MTAO created a scope of practice statement in order to address requirements related to government regulation of psychotherapy in that province. The statement is as follows:

The services performed by an accredited music therapist include the knowledgeable use of established music therapy interventions within the context of a therapeutic/psychotherapeutic relationship. This relationship is developed primarily through music-based, verbal and/or non-verbal communications. Music therapy processes can work to restore, maintain, and/or promote mental, physical, emotional, and/or spiritual health of all persons across the lifespan and functioning continuums (including those who

have severe and debilitating cognitive, neurological, behavioural and/or emotional disorders such as those outlined in the DSM-IV-TR). Music therapists conduct client assessments, develop treatment plans, implement therapy processes/treatment plans, evaluate progress, participate in research, provide clinical supervision to students/interns/professionals, work within interprofessional healthcare teams, work in private practice, and act as consultants to other professionals and the general public on the use of music to promote health and well being (T. Castle Purvis, former MTAO President, personal communication, May 7, 2013).

Although this scope of practice statement was designed to represent the scope of music therapy practice in Ontario, it is the only officially adopted scope of practice statement for music therapy in Canada. Canadian music therapists' perspectives on what should (or could) be contained in their scope of practice are largely unknown. Therefore, the present study examined Canadian music therapists' current perceptions of the above statement in relation to regional and national music therapy practice.

Professional Certification

Professional certification is a designation that indicates a standard of competency to which professionals are held accountable and as such, functions to “recognize a high degree of excellence and knowledge in a specific area, to indicate expertise and achievement, and to denote professional growth and lifelong learning” (Miracle, 2007, p.72). Credentials granted through certification indicate to professionals, clients, and the public that a recognized standard has been met, as well as provide assurance that a governing body is monitoring the practice and continued development of these

professionals. Furthermore, there are several benefits of professional certification, including recognition of the profession, use of designated credentials, advanced knowledge, advanced experience, promotion of abilities to the public, requirement of continuing education, and employment qualifications (Jaffeson, 2004). While most certifications include educational training, continuing education, practical experience, written examinations, and letters of reference, there may be several differences in the process depending on a profession's history, size, and setting (Jaffeson, 2004).

Music therapy certification processes vary greatly across the world. Some countries have no certification process, while others have a mandatory certification process (required by a government approved regulatory body or by a self-regulated professional association, depending on the country/region). In the United Kingdom, music therapy certification (referred to as Registration) is granted by the Health and Care Professions Council (described above). Eligible candidates must provide information indicating proof of graduation from an approved training program, complete the registration application, and provide a reference letter to prove that they meet the required standards (Health and Care Professions Council, 2013). Without registration, music therapists are not legally permitted to use the title of music therapist. Registered music therapists must also sign a declaration form confirming ongoing professional development and submit renewal fees every two years in order to maintain registration (Health and Care Professions Council, 2013).

Music therapy certification in Australia is also referred to as Registration, and resembles the United Kingdom process. One notable difference is that Registration is granted by the Australian Music Therapy [Professional] Association as opposed to a

government regulatory body. The title of Registered Music Therapist (RMT) indicates to employers and to the public that a music therapist “has been fully trained to a professional level and abides by a Code of Ethics and Standards of Practice” (Australian Music Therapy Association, 2013, p. 1). The process requires eligible candidates to submit a registration application form within 12 months of completing their training at an approved program. Applicants must also submit an official transcript and application fee along with their form, which is reviewed and approved by the National Registration Committee. Participation in the Continuing Professional Development program ensures ongoing competence for practice (Australian Music Therapy Association, 2013).

In the United States, professional certification for music therapy is unique in that a separate, non-government organization is responsible for granting certification status. In 1983, the CBMT was established as the credentialing body in order to “strengthen the credibility of the music therapy profession by assuring the competency of credentialed music therapists” (American Music Therapy Association, History of Music Therapy, 2011, para. 7). This is measured by a standardized national exam, compiled through the Practice Analysis process (described above), and is open to anyone with a bachelor’s degree or higher in music therapy. Successful completion of the exam permits the candidate to obtain the MT-BC credential. This identifies music therapists who demonstrate the knowledge, skills, and abilities necessary for entry level practice within the profession (American Music Therapy Association, 2011) and “provide[s] an objective national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals” (American Music Therapy Association, Professional Requirements for Music Therapists, 2011, para. 2). In order to maintain the MT-BC

credential, therapists are required to apply for recertification every five years by either re-writing the national exam, or by showing evidence of having completed a minimum of 100 AMTA-approved continuing education credits (The Certification Board for Music Therapists, 2011).

Unlike the United States, Canada does not have a separate organization to manage certification and up to this point in time, the CAMT has assumed this responsibility. As previously noted, the CAMT Board of Directors established “Music Therapist Accredited” (MTA) in 1979 as the certification credential. The original purpose of the accreditation process was to “ensure that MTAs meet and maintain a prescribed level of education, training, professional practice and general competence” (Canadian Association for Music Therapy, 2007). This statement was updated in 2012:

The purpose of the accreditation process as set out by the Canadian Association for Music Therapy (CAMT) is to evaluate whether an MTA candidate possesses the requisite skills, knowledge, and experience to enter into music therapy practice with the designation Music Therapist Accredited (MTA). In order to be granted this professional credential, eligible candidates must complete the process established by CAMT, and they must be formally assessed as having acquired the necessary skills, knowledge, and experience through their university and internship training. Preparedness for clinical practice is evaluated according to the CAMT established music therapy professional competencies (C. Bruce, CAMT Strategic Planning Committee Member, personal communication, June 4, 2013). Currently, eligible candidates are required to complete a 1000-hour internship under the supervision of an approved MTA supervisor and submit an accreditation file. This file

includes a description of their internship, a curriculum vitae, a personal philosophy of music therapy, a clinical case study, academic transcripts, a completed ethical dilemma, and letters of reference. The file is reviewed by anonymous MTAs who volunteer to serve on the Accreditation Review Board (ARB). MTA members must demonstrate participation in ongoing professional development by completing a minimum of 60 continuing education credits every five years in order to maintain the MTA credential (Canadian Association for Music Therapy Continuing Education Handbook, 2008).

As noted in Chapter One, some problems with the current accreditation process have recently been identified. These include: (a) lengthy file review times, (b) a subjective review process (no standardized measurement of readiness for practice), and (c) discrepancies among ARB members due to lack of clear guidelines on how to review files (Quinn, 2007; Robinson, 2012). Although the CAMT has been working to resolve these issues, progress has been limited as CAMT Board members, Canadian music therapy educators, and CAMT Provincial Chapter representatives strive to find mutually agreeable solutions. However, the current perceptions of the general CAMT membership regarding the accreditation process as it now stands are virtually unknown. The present study may provide additional perspectives on this issue, which may be especially important as matters pertaining to music therapy certification and government regulation continue to evolve.

Government Regulation

The regulation of health professions by a government body serves to protect the public from harm and to ensure the necessary training and educational standards for practice have been met (Federation of Health Regulatory Colleges of Ontario, 2013).

The literature indicates that music therapists have sought regulated status for a variety of reasons. These include: (a) to establish legal standards that validate the profession and the clinical expertise, (b) to protect the public from those offering services without proper training and credentials and help them to identify qualified professionals, (c) to increase the public's access to service, (d) to provide opportunities for third party reimbursement, (e) to increase public awareness of the efficacy of music therapy, (f) to help music therapists expand practice opportunities, and (g) to standardize the kind of services the public receives (Kirkland, 2007; Muller, 2013; Summers as quoted in Vaillancourt, 2010). Summers, a prominent Canadian advocate for music therapy regulation, also stated that: "being regulated will open the door for recognition and acknowledgment. It will raise the bar for training levels because we will be on par with other professionals [and it will] increase partnerships with others outside of the music therapy profession" (Summers, 2010, p.2).

In 1999, after approximately twenty years of work and advocacy, music therapists in the United Kingdom were the first to achieve regulated status and became registered with the Health and Care Professions Council (British Association for Music Therapy, 2012; Summers, 2005). Over the past 20 years, American music therapists in several states (including Colorado, New Jersey, Pennsylvania, Texas and Massachusetts) have gained licensure as Professional Counsellors and Mental Health Counsellors. In 2006, music therapists in New York were granted state regulation as Licensed Creative Arts Therapists (LCAT). Finally, in 2011, music therapists practicing in North Dakota and Nevada were granted their own licenses (Muller, 2013). In Canada, regulation of music therapy is in many ways, still in the early stages. Currently, only three provinces (British

Columbia, Quebec, and Ontario) have active organized efforts related to music therapy regulation. Other provinces/territories have been unable to formally pursue government regulation, due to the low number of therapists in these provinces/territories in addition to other legal and/or logistical barriers (Canadian Counselling and Psychotherapy Association, 2013; J. Hedican, personal communication, March 29, 2013,).

In each of the three “active” provinces (British Columbia, Quebec, and Ontario), the process of regulation of music therapy has unfolded in very different ways (as briefly described in Chapter One) and for the most part efforts have been spearheaded by a small number of music therapy professionals (mostly those on the Boards/Committees of provincial associations). In February 2013, a government regulation position on the CAMT Board of Directors was created to provide increased support and communication at the national level. In May 2013, a panel on government regulation held at the CAMT annual conference (facilitated by the CAMT Government Regulation Chair) raised a variety of questions and concerns about regulation in general. It also focused specifically on how Ontario music therapists’ membership in the province’s new psychotherapy College (the CRPRMHTO) may impact music therapy across Canada (Hedican et al., 2013). However, a relatively small number of the CAMT membership was in attendance and it is generally not known how the majority of Canadian music therapists feel about regulation activities or efforts that have occurred up to this point in time. Furthermore, it is not known if Canadian music therapists perceive government regulation in other provinces as having any relevance to the practice of the profession in their own province/region. The current study aimed to examine both of these issues.

Professional Advocacy

Professional advocacy is defined as “the promotion of the well-being of individuals and groups, and the helping professions, within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth and development” (American Counseling Association, 2005, A.6.a). Music therapy advocacy involves advocating for the protection of clients, the recognition of the profession, and educating communities on the benefits of music therapy services (Music Therapy Advocacy and Leadership, 2013). These efforts have the potential to support increased access to services for clients, increased access to funding sources, employment opportunities, increased awareness and respect for the music therapy profession, the use of the title “music therapist,” as well as lead legislators and health care professionals to associate music therapy with other health care groups (Certification Board for Music Therapists, 2011; Simpson & Register, 2010).

The recent focus on music therapy licensure and regulation has led to increased advocacy efforts in the United States. In 2005, the AMTA and the CBMT combined efforts to launch the State Recognition Operational Plan—whose goal is to encourage state departments to include music therapy and the MT-BC credential within their listings of recognized professions (Certification Board for Music Therapists, 2011; Register, 2009). The AMTA and the CBMT also provide support to state task forces working to achieve this professional recognition in their states. In 2012, the AMTA and CBMT launched a Social Media Advocacy Project, which encouraged music therapists to spread the word about music therapy advocacy and the State Recognition Operational Plan through blogs and podcasts. Forty bloggers and podcasters participated in this project,

which resulted in the publication of fifty articles, five podcast episodes and three videos on the topic of advocacy in music therapy (Certification Board for Music Therapists, 2013).

In Canada, issues related to government regulation have necessitated an increase in advocacy efforts in particular provinces; although many of these efforts have been led by a few key individuals rather than the membership at large (as described above and in Chapter One). Additionally, in 2008, the CAMT formed the Professional Advocacy Committee (PAC) in order to address a number of issues that seemed to be emerging. The overarching goals of this committee were to support members on issues of professional misrepresentation, develop collaborative connections with other music and health initiatives, develop Public Relations materials, and support CAMT members in their advocacy endeavors (Barker, 2008; Bellingham, Barker, & Borczon, 2008). At the 2010 CAMT annual conference, a professional advocacy panel (comprised of CAMT Board/Committee Members and experienced music therapists) was held to discuss professional challenges facing Canadian music therapists and to identify potential future directions and solutions, which in turn would help the PAC to identify strategic priorities (Lin et al., 2010). This panel was well attended and resulted in what appeared to be a constructive and interactive discussion. However, due to lack of volunteer members, the PAC became inactive in 2010, and there are no large scale formalized national music therapy advocacy initiatives taking place in Canada at this time. Although one might assume that more advocacy initiatives are needed, Canadian music therapists' perspectives on the need for music therapy advocacy are largely unknown. Therefore, the

current study investigated Canadian music therapists' general perceptions regarding music therapy advocacy in their province/region and in Canada at large.

Chapter 3

Method

Participants

This study included music therapists who at the time of data collection were MTA members in good standing with the CAMT and currently practicing as clinicians and/or educators in Canada. Persons who were retired or who became inactive members within the past 5-years were also eligible to participate.¹⁰ This study did not include music therapists who were not accredited,¹¹ student music therapists, music therapy interns, or persons who had been retired/inactive for more than 5-years.

The “Invitation to Participate and Consent Document” (see Appendices B & C) was sent to the CAMT Administrative Coordinator who e-mailed it to 493 MTAs in good standing. This document provided a detailed explanation of the study’s intent and criteria for participation, along with an invitation and instructions on how to access the web based survey. Accessing and completing the survey confirmed each individual’s informed consent to participate. A follow-up e-mail reminder was sent out two weeks after the initial invitation (see Appendix D).

Materials

The researcher created a survey consisting of 20 questions to gather information from Canadian music therapists about their perspectives on the current state of music therapy as a profession in Canada (see Appendices E & F). The first 12 questions

¹⁰ Inactive refers to CAMT members who are not currently practicing music therapy but who maintain their CAMT membership under this category.

¹¹ In this case “not accredited” refers to any CAMT member who belongs to the Associate membership category and has completed a CAMT-recognized music therapy training program but has not achieved or maintained their MTA credential.

gathered relevant demographic data. Challenges related to the process of professionalization (as identified in the literature) were conceptualized within the profession of music therapy and this information was used to formulate the subsidiary research questions, which in turn, were used to construct eight additional survey questions. For these eight questions, respondents rated their perceptions on a 5-point Likert-type scale and were also asked to provide additional [qualitative] information to help explain the answers that they chose.

In order to clearly define the scope of this research, some delimitations were imposed upon the survey. This research was conducted in order to better understand Canadian music therapists' current overarching perceptions on key aspects of the profession. It was not meant to provide detailed information on each issue, as each one could be a study in and of itself. Therefore, the survey questions were limited accordingly. Furthermore, questions related to Canadian music therapists' perspectives on training and education were not included in this study as this is a complex topic area which could not be adequately addressed in a general way.

Drafts of the survey were reviewed by the academic advisor, as well as by two other professionals—one who had experience with survey methodology, and another who had particular knowledge about professional issues in music therapy. The survey was revised according to the feedback that was received. The survey and all other related correspondence were made available to potential participants in both French and English.

Procedures

Approval for this study was obtained from the Concordia Creative Arts Therapies Research Ethics Committee prior to any data collection. An online survey company

(SurveyMonkey) was used to distribute the survey. Participants submitted information in such a way that their identities or e-mail addresses were unknown to the researcher, the academic advisor, and the SurveyMonkey Company. All information gathered was stored in a secure, password-protected location on SurveyMonkey.

Data Analysis

Two weeks after the survey deadline date, the researcher closed the survey and downloaded the anonymous data to her personal computer. Data was exported into an SPSS statistics program and analyzed using correlational and descriptive statistics. Differences were considered to be significant when the probability (p) value was equal to or less than .05. Qualitative data gathered from participants' written responses were used to inform the interpretation of the quantitative results. Qualitative data submitted by French respondents were translated into English by a university translation service.

Chapter 4

Results

Out of 493 individuals who were contacted via e-mail through the CAMT office, a total of 87 Canadian music therapists (10 males, 74 females, 3 did not indicate gender) returned surveys for a response rate of 17.6%. Respondents were given the opportunity to skip any question and the missing data were taken into account in the data analyses.

Demographic Characteristics

The average age of respondents was 40.92 years ($SD = 11.44$) and skewness and kurtosis fell within acceptable parameters. Twelve respondents did not indicate their age. Twelve persons (13.8%) completed the survey in French and 75 persons (86.2%) completed the survey in English.¹² Table 1 contains frequencies and percentages pertaining to other demographic characteristics. Total years of music therapy practice was reflected fairly evenly across the four categories. However, a one-way ANOVA revealed a significant main effect for number of years practicing music therapy on place of residence [$F(4,75) = 3.30, p \leq .05$]. A post hoc analysis using the LSD procedure indicated that collectively, respondents from British Columbia had a significantly higher number of years practicing music therapy than respondents from the Atlantic Provinces, Quebec, Ontario, and the Prairie Provinces (all $p \leq .05$).¹³ A statistical trend also suggested that male respondents might have had a higher number of years of practicing

¹²All French respondents were from the province of Quebec. Seven respondents from Quebec chose to complete the survey in English.

¹³ Due to a small number of respondents in particular provinces/territories, geographic regions were collapsed into five areas for the final data analysis. The Atlantic Provinces included respondents from Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland. The Prairie Provinces included respondents from Manitoba, Saskatchewan, and Alberta. Respondents ($n = 3$) from outside of Canada were not included in the analyses that involved geographic regions.

music therapy than female respondents [$F(1,81) = 2.78, p = .10$].¹⁴ A majority of respondents (75.3%) had a Bachelor's degree or post-graduate equivalency as their highest level of music therapy training whereas 24.7% had a Master or Doctoral degree in music therapy. At the time of the survey, the majority of respondents were either practicing music therapy full time (43.5%) or part-time regular (41.2%), and most (87.1%) were members of their provincial chapter/regional association.

¹⁴ Results that indicate differences between male and female respondents should be interpreted with caution given the relatively small number of male respondents.

Table 1
Demographic characteristics

Variable	<i>N</i>	<i>f</i>	Percentage
Gender	85		
Male		10	(11.8%)
Female		74	(87.1%)
Prefer not to say		1	(1.2%)
Province	84		
Atlantic Provinces		9	(10.7%)
Quebec		19	(22.6%)
Ontario		23	(27.4%)
Manitoba		5	(6.0%)
Saskatchewan		4	(4.8%)
Alberta		7	(8.3%)
British Columbia		14	(16.7%)
Northern Canada (NWT, YT, Nunavut)		0	(0%)
Currently live outside Canada		3	(3.6%)
Total Years of Music Therapy Practice	84		
Less than 5 years		23	(27.4%)
5-10		23	(27.4%)
11-20		18	(21.4%)
More than 20 years		20	(23.8%)
Currently Practice Music Therapy	85		
Full time		37	(43.5%)
Part time regular		35	(41.2%)
Part time sporadic		6	(7.1%)
Not currently practicing		7	(8.2%)
Current Context of Music Therapy Employment	78		
Permanent employee at facility or business		13	(16.7%)
Contract employee at facility or business		18	(23.1%)
Self employed		12	(15.4%)
Combination of self and facility employment		35	(44.9%)
Not currently employed in the field		0	(0%)
Level of Music Therapy Education	85		
Bachelor of Music Therapy		51	(60.0%)
Post Graduate Certificate/Diploma		13	(15.3%)
Master of Music Therapy		18	(21.2%)
PhD/Doctorate (in music therapy)		3	(3.5%)
Currently member of provincial chapter/regional association	85		
Yes		74	(87.1%)
No		11	(12.9%)

Current Perspectives of Canadian Music Therapists

Participants answered eight questions related to their perspectives on the current state of music therapy as a profession in Canada. Table 2 provides an overview of their responses. Pearson r correlations were used to detect linear relationships between non-categorical variables. The correlation matrix is displayed in Table 3 for all applicable variables. One-way ANOVAS were used to analyze mean differences rather than multiple t tests in order to lessen the possibility of Type 1 error (i.e., result is interpreted as being statistically significant when it can be attributed to chance). Given the small sample size, and the unique population of interest, results that are approaching statistical significance ($p \leq .10$) will also be discussed. The total population of Canadian music therapists is relatively small and it is reasonable to assume that most of these trends would have reached significance with a larger sample.

Table 2
Current Perspectives of Canadian Music Therapists

Variable	<i>N</i>	<i>f</i>	Percentage
CAMT definition of music therapy represents the profession as it is currently practiced in Canada	84		
Strongly disagree		0	(0%)
Disagree		0	(0%)
Neither agree nor disagree		6	(7.1%)
Agree		54	(64.3%)
Strongly agree		24	(28.6%)
Scope of practice statement reflects current music therapy practice in Canada	82		
Strongly disagree		0	(0%)
Disagree		2	(2.4%)
Neither agree nor disagree		7	(8.5%)
Agree		51	(62.2%)
Strongly agree		22	(26.8%)
Scope of practice statement reflects current music therapy practice in respondent's province/territory	81		
Strongly disagree		0	(0%)
Disagree		5	(6.2%)
Neither agree nor disagree		11	(13.6%)
Agree		47	(58.0%)
Strongly agree		18	(22.2%)
Current Canadian accreditation process achieves criteria for professional certification	82		
Strongly disagree		5	(6.1%)
Disagree		13	(15.9%)
Neither agree nor disagree		12	(14.6%)
Agree		30	(36.6%)
Strongly agree		22	(26.8%)
Government regulation of music therapy is a relevant issue in the respondent's province	83		
Strongly disagree		2	(2.4%)
Disagree		5	(6.0%)
Neither agree nor disagree		17	(20.5%)
Agree		21	(25.3%)
Strongly agree		38	(45.8%)
Government regulation of music therapy in other provinces will impact the respondent's province	81		
Strongly disagree		1	(1.2%)
Disagree		2	(2.5%)
Neither agree nor disagree		18	(22.2%)
Agree		43	(53.1%)
Strongly agree		17	(21.0%)
Music therapists in Canada are effectively advocating for their profession	82		
Strongly disagree		2	(2.4%)
Disagree		13	(15.9%)
Neither agree nor disagree		28	(34.1%)
Agree		33	(40.2%)
Strongly agree		6	(7.3%)
Music therapists in the respondent's province are effectively advocating for their profession	83		
Strongly disagree		3	(3.6%)
Disagree		9	(10.8%)
Neither agree nor disagree		25	(30.1%)
Agree		39	(47.0%)
Strongly agree		7	(8.4%)

Table 3
Correlational Statistics

Variables	Age	TYP	DMT	CSOP	PSOP	PC	GRMP	GROP	CPA	PPA
Age	–	.74**	-.06	-.07	-.04	-.05	-.07	-.08	-.17	.02
TYP		–	-.18	-.11	-.07	-.13	-.01	-.20	-.09	.15
DMT			–	.52**	.37**	.48**	.22*	.16	.21	.06
CSOP				–	.75**	.36**	.27*	.18	.21	.26*
PSOP					–	.33**	.20	.12	.25*	.31**
PC						–	.28**	.14	.33**	.11
GRMP							–	.39**	-.08	-.23*
GROP								–	.08	-.07
CPA									–	.55**
PPA										–

Note. TYP = Total Years of Music Therapy Practice. DMT = Definition of Music Therapy. CSOP = Canadian Scope of Practice. PSOP = Provincial Scope of Practice. PC = Professional Certification. GRMP = Government Regulation in My Province. GROP = Government Regulation in Other Provinces. CPA = Canadian Professional Advocacy. PPA = Provincial Professional Advocacy.

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Current Perceptions of the Profession and Scope of Practice

A majority of respondents either agreed or strongly agreed that both the CAMT definition of music therapy (92.9%) and the MTAO scope of practice statement (89%) represent the current profession or current practice in Canada, respectively. Furthermore, a strong positive correlation was found between the CAMT definition and the scope of practice statement indicating that those who felt the definition was representative of the current profession in Canada were also more likely to feel that the scope of practice statement was reflective of Canadian music therapists' current practice ($r(82) = .52$). These same respondents were only somewhat more likely to feel that the scope of practice statement was reflective of the current practice in their provinces ($r(81) = .37$). However, a strong positive correlation was found between the scope of practice statement as it applies to Canada and the scope of practice statement as it applies to respondents' provinces, indicating that those who felt that the statement is reflective of current practice in Canada were also more likely to feel that it is reflective of current practice in their provinces ($r(81) = .75$). For place of residence, a one-way ANOVA suggested a

statistical trend for the CAMT definition [$F(4,75) = 2.21, p = .08$]. Post hoc analyses using the LSD procedure suggested that respondents from British Columbia might have been less inclined than respondents from the other four geographic regions to believe that the CAMT definition is representative of the current profession in Canada (all $p \leq .10$).

Current Perceptions of Professional Certification

Only 63.4% of respondents agreed or strongly agreed that the current accreditation process achieves the necessary criteria for professional certification. However, those who felt that the CAMT definition is representative of the current profession in Canada, or who felt that the scope of practice statement is reflective of current practice in Canada, or who felt that the scope of practice statement is reflective of current practice in their provinces were all somewhat more likely to feel that the current accreditation process achieves the criteria for professional certification ($r(82) = .48, r[82] = .36$, and $r(81) = .33$, respectively). For place of residence, a one-way ANOVA revealed a significant main effect for the belief that the current accreditation process achieves the criteria for certification [$F(4,74) = 2.85, p \leq .05$]. Post hoc analyses using the LSD procedure indicated that respondents from Quebec had a significantly stronger belief than the other four geographic regions that the current accreditation process achieves the criteria for certification (all $p \leq .05$). This finding was further supported in that French language respondents were significantly more likely than English language respondents to believe that the current accreditation process achieves the criteria for certification [$F(1,80) = 9.78, p < .05$].¹⁵

¹⁵ Results that indicate differences between French language and English language respondents should be interpreted with caution given the relatively small number of French language respondents.

Current Perceptions of Government Regulation

Several respondents (71.1%) either agreed or strongly agreed that government regulation is a relevant issue in their province. Respondents who felt that the CAMT definition is representative of the current profession, or who felt that the scope of practice statement is reflective of current practice in Canada, or who believed that the current accreditation process meets the criteria for certification were all slightly more likely to feel that government regulation is a relevant issue in their province ($r(83) = .22$, $r(82) = .27$, and $r(81) = .28$ respectively). For geographic region, a one-way ANOVA revealed a significant main effect for the belief that government regulation of music therapy is a relevant issue in respondents' provinces [$F(4,74) = 7.08$, $p \leq .05$]. Post hoc analyses using the LSD procedure indicated that respondents from the Atlantic Provinces were significantly less likely to believe that government regulation is a relevant issue in their provinces when compared to respondents from Quebec, Ontario, and British Columbia. Respondents from Ontario were significantly more likely than respondents from the Atlantic Provinces, the Prairie Provinces, and British Columbia to believe that government regulation is a relevant issue in their province. Respondents from the Prairie Provinces were significantly less likely than respondents from Quebec and Ontario to believe that government regulation is a relevant issue in their provinces. Respondents from British Columbia were significantly less likely than respondents from Ontario to believe that government regulation is a relevant issue in their province, but significantly more likely than respondents from the Atlantic Provinces to believe that it is a relevant issue in their province. Finally, respondents from Quebec were significantly more likely to believe that government regulation is a relevant issue in their province when compared

to respondents from the Atlantic Provinces or the Prairie Provinces. (all $p \leq .05$). A statistical trend also suggested that French language respondents may have been more likely than English language respondents to believe that government regulation of music therapy is a relevant issue in their province [$F(1, 81) = 3.5, p = .07$]. For level of music therapy education attained, a one-way ANOVA revealed a significant main effect for the perceived relevance of government regulation in respondents' provinces [$F(2, 80) = 3.54, p \leq .05$]. Post hoc analyses using the LSD procedure indicated that respondents with advanced training in music therapy (Master degree or PhD) were more likely to believe that government regulation is relevant in their provinces than those with a Bachelor's degree in music therapy ($p \leq .05$).¹⁶

Several respondents (74.1%) either agreed or strongly agreed that government regulation of music therapy in other provinces will impact music therapy in their province. A moderate positive correlation indicated that respondents who felt that government regulation is a relevant issue in their province were somewhat more likely to feel that government regulation in other provinces will have an impact on music therapy in their provinces ($r(85) = .39$). A statistical trend suggested that female respondents may have been more likely than male respondents to believe that government regulation of music therapy in other provinces will have an impact on music therapy in their provinces [$F(1,78) = 2.89, p = .09$]. English language respondents were significantly more likely than French language respondents to believe that government regulation of music therapy in other provinces will have an impact on music therapy in their provinces [$F(1,79) = 4.68, p \leq .05$]. Accordingly, for geographic region, a significant main effect was found

¹⁶ Given the small number of PhD respondents, those with Master and PhD degrees were collapsed into one category for analyses involving levels of music therapy education.

for the belief that government regulation in other provinces will impact on music therapy in the respondents' provinces [$F(4, 72) = 2.66, p \leq .05$]. Post hoc analyses using the LSD procedure indicated that respondents from Quebec were significantly less likely than respondents from the Atlantic Provinces, Ontario, and the Prairie Provinces to believe that government regulation in other provinces will impact music therapy in their province (all $p \leq .05$).

Current Perceptions of Professional Advocacy

A little under half (47.5%) of the respondents either agreed or strongly agreed that music therapists in Canada are effectively advocating for the profession. Similarly, a little over half of the respondents (55.4%) either agreed or strongly agreed that music therapists in their province are effectively advocating for the profession. A strong positive correlation indicated that respondents who believed that music therapists are effectively advocating for the profession in Canada were more likely to believe that music therapists are effectively advocating for the profession in their provinces ($r(82) = .55$). Respondents who felt that the scope of practice statement is reflective of practice in Canada were slightly more likely to feel that music therapists are effectively advocating for the profession in their provinces ($r(82) = .26$). However, no significant relationship was found between this same variable and the belief that music therapists are effectively advocating for the profession in Canada (at large). Respondents who felt that the scope of practice statement is reflective of practice in their province were slightly more likely to feel that music therapists are effectively advocating for the profession in Canada ($r(80) = .25$) and somewhat more likely to feel that music therapists are effectively advocating for the profession in their provinces ($r(81) = .31$). Respondents who felt that the

accreditation process achieves the criteria for professional certification were somewhat more likely to feel that music therapists are effectively advocating for the profession in Canada ($r(81) = .33$). However, no significant relationship was found between this same variable and the belief that music therapists are effectively advocating for the profession in their provinces. A statistical trend suggested that French language respondents may have been more likely than English language respondents to believe that music therapists are effectively advocating for the profession in Canada [$F(1, 80) = 3.52, p = .06$]. Similarly, a statistical trend suggested that male respondents may have been more likely than female respondents to believe that music therapists are effectively advocating for the profession in Canada [$F(1, 79) = 2.82, p = .10$]. For geographic region, a one-way ANOVA suggested a statistical trend with regard to the belief that music therapists are effectively advocating for the profession in Canada [$F(4, 73) = 2.24, p = .07$]. Post hoc analyses using the LSD procedure suggested that respondents from Ontario may have believed less strongly than respondents from the Atlantic Provinces, Quebec, and the Prairie Provinces that music therapists are effectively advocating for the profession in Canada. The analyses also suggested that respondents from British Columbia may have believed less strongly than respondents from the Atlantic Provinces that music therapists are effectively advocating for the profession in Canada (all $p \leq .10$). However, no significant differences were found between geographic regions with regard to the belief that music therapists are effectively advocating for the profession in their provinces. Finally, a weak negative correlation indicated that those who felt that government regulation was a relevant issue in their provinces were slightly less likely to feel that

music therapists were effectively advocating for the profession in their provinces ($r(83) = -.23$).

Chapter 5

Discussion

The purpose of this study was to examine Canadian music therapists' perspectives on the current state of music therapy as a profession in Canada. A total of 87 Canadian music therapists completed an online survey that examined their perceptions of the definition of music therapy (i.e., the profession), scope of practice, professional certification, government regulation, and professional advocacy. Results indicated that a majority of respondents believed that both the CAMT definition of music therapy and the MTAO scope of practice statement are representative of the current profession and practice of music therapy in Canada (92.9% & 89%, respectively). However, respondents' perceptions were more varied in the other areas of the survey. Only 63.4% of respondents believed that the current accreditation process achieves the criteria for professional certification; 71.1% believed that government regulation is a relevant issue in their provinces; and 74.1% believed that government regulation in other provinces will have an impact on music therapy in their own province. With regard to professional advocacy, only 47.5% believed that music therapists in Canada are effectively advocating for the profession, and only 55.4% believed that music therapists in their own provinces are effectively advocating for the profession. The purpose of the present chapter is to explore possible reasons for this study's findings. Limitations of the study as well as potential implications for the profession and for future research will also be presented.

Canadian Music Therapists' Perceptions of the Profession

As previously noted, a majority of respondents either "agreed" or "strongly agreed" that the CAMT definition of music therapy is representative of the current

profession of music therapy in Canada. Although six respondents “neither agreed nor disagreed,” and a few offered comments that were somewhat critical (e.g., “*I feel it's accurate but not compelling. Very technical rather than ideological*”) there were no respondents who indicated that they “disagreed” or “strongly disagreed” with the CAMT definition. This is an interesting finding in that defining allied health professions can often be a difficult task due to the wide range and types of problems addressed, settings in which professionals work, levels of practice, interventions used, and populations served (Gibelman, 1999). Perhaps the CAMT definition may truly be considered as part of the common national identity of Canadian music therapists. Respondents stated that: (a) “[the definition] *is comprehensive while still encompassing diversity in practice;*” (b) “*I feel confident, based on reading about Canadian music therapists' work, as well as what I have seen at conferences and in speaking with colleagues, that the definition matches what is currently being practiced here;*” and (c) “*I find this definition sufficiently detailed and inclusive.*”

The results also indicated however, that respondents from British Columbia may have been less inclined (i.e., agreed less strongly) than respondents from other geographic regions to believe that the definition is representative of the current profession. It is also important to note that respondents from British Columbia had a significantly higher number of total years of music therapy practice than respondents from other regions. These results make sense in that as compared to other regions, British Columbia has a long and active music therapy history. The first Canadian music therapy training program was founded in Vancouver in 1977, only three years after the CAMT was established (Alexander, 1993; Kirkland, 2007). The MTABC became the first

official provincial chapter of the CAMT in 1982 (Music Therapy Association of British Columbia, 2013). As noted in Chapters One and Two, advocacy efforts related to government regulation have been happening in this province for over 20 years. Perhaps as music therapy becomes increasingly established in particular areas of the country, there will be a greater need for definitions that reflect regional issues and/or cultures. Unfortunately, the current survey study did not ask respondents to indicate if the CAMT definition represents the profession as it is currently practiced in their *provinces*, and this could have provided important additional information.

Other professions, such as social work, have recognized the need to develop new definitions that reflect current practices, values, attitudes, and opinions that have emerged as the profession matured (Ramsay, 2003; Risler, Lowe, & Nackerud, 2003). In *Defining Music Therapy* (1998), Bruscia stated:

definitions of music therapy continually need to be changed to reflect the state of the art. Thus, when definitions are compared over a period of time, one can actually see the stages of individual and collective development in the field as well as in the health community at large (p. 4).

Given that the current CAMT definition is nearly 20 years old, it is likely that revisions will need to be made at some point.

Finally, comments from some respondents also indicated that although they agreed that the definition was representative of the current profession in Canada, it might not be well understood by those outside of the profession. One respondent stated: “*Music therapists know this [i.e., understand the definition]; however, most Canadians do not*” and another stated: “*I think that the definition is broad enough to more or less cover how*

various MTs practice in Canada. However, it is rather abstract and could be interpreted in a variety of ways—especially by those who are unfamiliar with the profession.” This issue will be further addressed under “Implications for the Profession.”

Canadian Music Therapists’ Perceptions of Scope of Practice

Many respondents either “agreed” or “strongly agreed” that the MTAO scope of practice statement reflects the current scope of music therapy practice in Canada and in their provinces, (89% and 80.2%, respectively). Additionally, respondents who felt that the scope of practice statement is reflective of practice in Canada were also significantly more likely to feel that it is reflective of current practice in their provinces. This is particularly interesting given that this statement was developed to address scope of practice in Ontario without necessarily taking the rest of the country into account. In fact, one respondent asked: *“Where did you get this? I have been looking for a scope of practice for an employer. Is it European...Canadian?”* It may also be the case that some Canadian music therapists may not consciously differentiate between their own regional and national perspectives or have a great deal of knowledge outside of their own immediate experiences. One respondent stated: *“I agree [that the statement is reflective of practice in Canada] though I don't have as much knowledge of the practice within Canada, as compared to the practices of music therapists within my circle of contacts [who are] from a variety of different cities and provinces.”*

As discussed in Chapter Two, a profession’s scope of practice determines which services a professional is qualified to perform. Although respondents appeared to agree with the statement overall, several comments in the survey indicated that respondents felt that not all Canadian music therapists could or should provide all of the services

contained in the MTAO Scope of Practice statement. For example: (a) *“Generally speaking, I agree [with the statement]. However, I believe there are many music therapists who do not possess the skills or self-awareness to work within the entire scope of practice”*; (b) *“I believe that the above statement includes an ideal version of the current scope of practice of a music therapist in Canada. I do not believe that all Canadian music therapists' work is necessarily reflective of this scope of practice and that may be due to their personal choice or due to restrictions placed upon them by their place of employment”*; (c) *“I believe the average music therapist does not have this broad of a scope in their practice. They are less inclined to participate in research, supervise interns, and consult other professionals”*; and (d) *“not all of this statement would apply to every music therapist.”*

Finally, some respondents highlighted potential differences in scope of practice among provinces due to provincial laws. For example: *“Because of provincial laws, music therapy methods vary from one province to another”* and *“As MTs in Quebec are currently not legally permitted to practice psychotherapy (because of Law 21), there is a legal issue with including the word ‘psychotherapy’ in our scope of practice. This is a significant issue for MTs in Quebec who feel that they practice music psychotherapy.”*

The need for provincial/regional versus a national scope of music therapy practice in Canada is a complex issue with no easy solution. This issue will be further discussed below both in relation to implications for the profession and for future research.

Canadian Music Therapists’ Perceptions of Professional Certification

Only 63.4% of respondents “agreed” or “strongly agreed” that the current accreditation process achieves the necessary criteria for professional certification.

Although some respondents' comments contained supportive elements, all comments but one (36 comments in total for this question) indicated specific problems and challenges that respondents' perceived with regard to the current accreditation process. These included: (a) subjective nature of the process and possibility for human error (e.g., *"The accreditation process is non-standardized and subjective. Therefore, the degree of excellence and knowledge acquired by persons who are granted this credential is in reality, highly variable"*); (b) failure to meet a high degree of excellence and standards of knowledge (e.g., *"I certainly do not feel that the internship and accreditation process recognizes a "high degree of excellence and knowledge" in general, and certainly not "in a specific area." Perhaps in some cases, but not all. I am in fact concerned about the possibility that the current process allows for interns to become accredited without achieving even highly competent skills as music therapy practitioners"*); (c) lack of credential recognition by other professionals (e.g., *"I think it is a start, but it is only as successful at denoting professional certification as [the credential if it] is recognized by professional bodies outside CAMT"*); (d) failure to evaluate musical skill (e.g., *"The accreditation process does not evaluate musical skill, and is only based on what is presented in writing by the person looking to be accredited"*); and (e) failure to measure ongoing education and professional development (e.g., *"[I] do not believe accreditation covers areas of professional growth or lifelong learning. I believe it is a snapshot of the therapist at that particular time in their professional career"*). With regard to this last point—although the CAMT requires that music therapists accrue a certain amount of Continuing Education Credits to maintain MTA status (as noted in Chapter Two), the current study's survey did not clearly indicate this in the question about certification. This

omission may have impacted participants' responses on the extent to which they believed that the current accreditation process meets the criteria for certification (as it was defined in the survey).

Interestingly, respondents from Quebec had a significantly stronger belief than the other geographic regions that the accreditation process achieves the criteria for professional certification. Furthermore, French respondents had a significantly stronger belief than English respondents that the accreditation process achieves the criteria for professional certification. Although there may be various explanations for these findings, it is important to note that due primarily to a smaller total number of files submitted in French, it generally takes less time for French accreditation files to be processed than English files (A. Lamont, personal communication, June 5, 2013). Furthermore, a smaller number of French submissions requires fewer French ARB teams than English ARB teams, which may mean that the evaluation standards are more consistent for those who submit their files in French. It is possible that overall, French respondents were feeling less frustrated with the current system than English respondents and that this was reflected in the current study's results.

As described in Chapter Two, the CAMT has recently identified some challenges within the current accreditation process, and it seems that many of this study's respondents have identified very similar challenges. These results appear to support the need for the current process to be reviewed and modified to address the above listed concerns.

Canadian Music Therapists' Perceptions of Government Regulation

Several respondents (71.1%) either “agreed” or “strongly agreed” that government regulation is a relevant issue in their provinces. One respondent stated: *“I believe and hope that, over the long-term, it will help us gain further credibility and recognition, and open up more opportunities for permanent employment.”* Although the statistical analysis revealed differences among regions with regard to how strongly they each believed that government regulation is a relevant issue in their provinces, the results are rather complex and difficult to interpret. However, it does appear that overall, respondents from Quebec, Ontario, and British Columbia were more likely than respondents from the other geographic regions to believe that government regulation is a relevant issue in their provinces. This makes sense as regulation is currently an “active” issue in these three provinces. A respondent from outside of these provinces stated: *“There are too few of us at this moment for this to even be a consideration.”* It is also interesting to note that respondents from British Columbia were significantly less likely (i.e., believed less strongly) than respondents from Ontario to believe that government regulation is a relevant issue in their province. On the one hand, this is surprising, given that government regulation has been an active issue in British Columbia for more years than any other province. On the other hand, this result may simply speak to the fact that government regulation (of music therapy practice as it relates to psychotherapy) is more immediately imminent in Ontario whereas the future outcomes of regulation efforts in British Columbia are still essentially unknown.

Results indicated that both French language respondents, and respondents from Quebec, were significantly less likely than English language respondents and respondents

from other geographic regions, respectively, to believe that government regulation in other provinces will impact regulation in their province. It may be the case that respondents from Quebec felt that the unique language, culture, and/or laws of their province distinguishes them from other provinces and thus distinguishes their regulation process from those of other provinces. It could also be the case that Quebec's unique struggles in relation to the regulation of the Creative Arts Therapies in that province (as described in Chapters One and Two) have left them feeling isolated and disconnected from other parts of the country who are experiencing quite different issues. One respondent from Quebec stated: *"Each province seems to have a different approach."*

While there were differing perceptions on the extent to which government regulation will impact individual provinces, several respondents expressed hope that regulation in one province would set a helpful precedent for the rest of the country. For example: *"With each province that is regulated, it can set precedence and provide a template or example, potentially"* and *"I think regulation in one province could facilitate quicker development of regulation in other provinces."* It will be interesting to see if or how this idea might be realized as music therapists in Ontario become part of the college of RPRMHTO in the near future.

Canadian Music Therapists' Perceptions of Professional Advocacy

Less than half of respondents (47.5%) either "agreed" or "strongly agreed" that music therapists in Canada are effectively advocating for the profession. A slightly larger number (55.4%) either "agreed" or "strongly agreed" that music therapists in the respondents' provinces are effectively advocating for the profession. Several respondents indicated various concerns with regard to current advocacy efforts (or lack thereof)

within Canada and/or within their provinces. These concerns included: (a) lack of unified efforts (e.g., *“We could be more unified and involved with advocacy. Some are carrying the brunt of the work”*); (b) lack of national leadership (e.g., *“I think some try, but it is not a coordinated effort and I don’t feel that CAMT offers any leadership in this area”* and *“Yes, every day we explain what we do, promote ourselves to our employer. Individual MTAs are too tired and busy to be doing advocacy on a larger scale—we need the CAMT and Ethics committee to be advocating on our behalf on a larger scale. There is more power in many voices”*); (c) lack of individual involvement (e.g., *“I basically feel that the average music therapists tend to leave it up to someone else to advocate, unless it directly affects their income”* and *“I feel that there is a lot of apathy. People are trying to make a living and are mostly focused on their own practice and trying to keep their own work alive. I see very little effort, with the exception of small pockets, in making sure that music therapy is promoted, understood, and accessible for everyone”*); (d) differences between provinces (e.g., *“There is a disconnect between the different practices of MT between provinces. Until everyone is on the same advocacy ship, MT will continue to be an industry of stagnancy”*); (e) being reactive rather than proactive (e.g., *“I don’t necessarily think that we are effectively advocating for our profession. Many efforts and attentions seem to be focused on what other professions, or musicians, are doing in health care. While this is important information, I think that effective advocacy entails critically examining our own profession, clinical practice, competencies, and scope of practice. We need to be proactive for our own profession rather than reactive to the professions of others”*); and (f) lack of resources (e.g., *“I think that there is always room for improvement, but it is not easy for music therapists to become actively involved in all*

aspects of their profession. Unfortunately, appreciation for, and promotion of the profession ranks lowest after clinical tasks, cases, meetings, teaching duties...I feel that perhaps we lack the resources to help us move ahead more quickly in this field”).

Finally, it is interesting to note that respondents from Ontario may have been less inclined (i.e., believed less strongly) than respondents from the Atlantic Provinces, Quebec, and the Prairie Provinces to believe that music therapists in Canada are effectively advocating for the profession. Additionally, respondents who felt that government regulation was a relevant issue in their provinces were slightly less likely to feel that music therapists were effectively advocating for their profession in their provinces. Given that government regulation of psychotherapy is imminent in Ontario and that (many if not all) music therapists will be part of the CRPRMHTO in that province, it may be the case that respondents from Ontario felt an increased sense of urgency in relation to advocacy issues (e.g., a need to educate allied health professionals and the public and/or a need to feel more understanding or support from music therapists outside of Ontario as changes unfold).

Limitations

This study had some limitations that must be considered. The sample was relatively small and contained only 87 out of a possible 493 respondents. Therefore, the views expressed by the respondents may not be an accurate representation of the total population of MTAs in Canada. Furthermore, the survey was only distributed to MTAs in good standing and did not include the perspectives of professional associate members (i.e., individuals who had completed their professional training but at the time of the study were either working towards completing their accreditation or had not yet applied

to become accredited). Additionally, the sample may have been biased in that persons who were most interested in or involved with music therapy professional issues (e.g., National, Provincial and/or Regional Board and Committee members) may have been more motivated than others to participate in the survey. In an attempt to represent the profession of music therapy in a positive light, it is also possible that some respondents may have answered questions in a “socially desirable” way rather than being fully truthful. This could have contributed to the very high percentage of respondents who either agreed or strongly agreed with both the CAMT definition of music therapy and the MTAO scope of practice statement. It is also interesting to consider that a strong positive correlation was found between these two variables. However, the level of social desirability bias is difficult to assess, given that on average, only 32% of respondents chose to provide additional information to explain each of their survey question answers.

Implications for the Profession

The results of this study have several potential implications for the profession. If one were to take the results of the present study at face value, it appears that Canadian music therapists may be satisfied with the current CAMT definition of music therapy. However, as pointed out by some respondents, this definition may not be well understood by those outside of the profession. Therefore, it would be useful for the CAMT to consider either creating a separate definition for non-music therapy professionals or adding components to the existing definition in order to address this need.

Overall, the respondents indicated that the MTAO Scope of Practice statement reflects current music therapy practice in Canada; however, this statement was developed from the perspective of one province. Historically, the lack of a national scope of practice

has resulted in “challenging negotiations between Canadian music therapists who had been trained in different countries and different traditions” (McMaster as cited in Howard, 2009, p. 6). Therefore, the current author would like to recommend that a Scope of Practice Document be developed through a practice analysis survey, similar to that of AMTA (see Chapter Two). This document could help to determine standards and protocols, create a sense of unity, increase knowledge about the diverse work that is happening across the country, and assist individuals in terms of their ability to re-locate and work in various parts of the country (i.e, a Canadian Scope of Practice document should contain and distinguish between national and regional issues). A thoughtfully formulated national Scope of Practice Document could also assist with many other important professional initiatives including those related to accreditation, education, and professional advocacy. Therefore, the current author also recommends that developing such a document be a priority area of consideration for relevant CAMT Board Members and Provincial Chapter representatives.

Several respondents indicated that there are challenges with the current CAMT accreditation process and these challenges are similar to those that the CAMT is currently attempting to address. Woody (1997) stated that it is the ethical obligation of mental health professional associations who grant credentials, to closely monitor these credentials, as well as to educate the public about the meaning of the credential. Therefore, in addition to the efforts that are currently underway, the current author would like to recommend that the CAMT make additional, organized efforts to educate the public, relevant professions, and other potential stakeholders (e.g., government

representatives, healthcare managers, funding sources, etc.) about the meaning and relevance of the accreditation process (i.e., the MTA credential).

Finally, many respondents expressed concern with regard to professional advocacy. Myers and Sweeney (2004) surveyed counsellors regarding the importance of advocacy and found that the lack of coordinated effort among counseling organizations was the main barrier to effective advocacy, and that the development of coalitions to support advocacy efforts was necessary for the further development and promotion of the profession. Similarly, Jugessur and Iles (2009) found that the failure of professional organizations to provide clear advocacy definitions and training has led nurses to develop individual interpretations and efforts without the necessary skills, knowledge, or support to advocate effectively. Therefore, the current author would like to recommend that: (a) the CAMT and Provincial Chapters work together to organize advocacy initiatives that take both national and regional needs and perspectives into account, (b) the CAMT re-initiate the PAC with representation from all of the Provincial Chapters/regional associations, and (c) the CAMT develop Continuing Education training opportunities (online courses, conference workshops, etc.) to inform Canadian music therapists about the need for advocacy, to address issues of “apathy” and “barriers” as they relate to advocacy, and to provide them with knowledge and skills needed to organize more effective advocacy initiatives.

Implications for Research

As previously noted, the scope of the present study was delimited to explore the topics areas (i.e., the subsidiary research questions) in a general way. Taking the results of the current study into account, each one of these areas could now be explored in more

detail. For example, it would be helpful to know more about Canadian music therapists' perceptions of the CAMT definition as it relates to their provinces. Additionally, as suggested above, a Practice Analysis Survey Study could be conducted on a regular basis in order to formulate and maintain a current Canadian Scope of Practice document. As the current study was limited to MTAs in good standing, it would be also be beneficial to gather perspectives of non-accredited music therapists, interns, and students to provide broader perspectives on some of these issues. It would also be interesting to survey the public or other health professionals about the profession of music therapy in Canada, to determine how the perceptions of the public differ from those within the profession. Finally, as this study did not include Canadian music therapists' perspectives on education and training, any type of research in this area would provide important information, as there is limited research on this topic.

Although it goes beyond the scope of the present study's research questions, it seems important to note that several respondents expressed concerns or fears related to government regulation. For example: *"I see the benefits of government regulation, but fear the changes"* and *"I am currently conflicted about this question. While I appreciate the concept of regulation and the need to protect the public, I am uncertain it pertains to all areas of MT practice, and I am concerned about the potential regulation may have to fracture our music therapy profession as a whole. I am unclear how this would play out if we don't call ourselves psychotherapists, but practice music therapy (which is, [in the respondent's opinion] essentially, a psychotherapy)."* Investigations on the benefits and challenges of government regulation as perceived by Canadian music therapists could yield very interesting and important information.

Concluding Remarks

Music therapy in Canada has made great strides in its journey as an emerging profession. As the CAMT approaches its 40th anniversary, it seems like an appropriate time to examine where we are at as a profession and to consider potential future directions—keeping the voices and experiences of all Canadian music therapists in mind. Hopefully this study will act as a springboard for the additional research, dialogue, and constructive action that are needed in order for the profession to continue to move forward.

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Appendices
Appendix A
CAMT Poster



Appendix B

Invitation to Participate and Consent Form (English)

Dear Canadian music therapist,

You are being invited to participate in a volunteer research study through an online survey. The purpose of this study is to gather information pertaining to Canadian music therapists' perspectives on the current state of music therapy as a profession in Canada. The principal investigator Erin Gross is currently enrolled in the Masters of Creative Arts Therapies, Music Therapy Option, at Concordia University in Montreal, Quebec. The research material will be the subject of a research paper that will be included to fulfill the researcher's Master's degree requirements. The results of the study may also be submitted for future publication.

In order to participate in this study, you must be a member in good standing of the Canadian Association for Music Therapy (CAMT) and have completed your entry-level music therapy training (i.e., the minimum amount of training required to practice as a professional music therapist in Canada). You must be currently practicing as a professional music therapy clinician or educator in Canada. However, if you have retired from the profession within the past five years or have become inactive in the profession within the past five years, you may also participate in this study. The survey should take approximately 25 minutes to complete.

There are no risks associated with completing this survey and your participation in this study is completely voluntary. You can choose to respond to all, some, or none of the

questions posed. There is no tangible benefit for the participant save for knowing that he/she has assisted in a study intended to improve knowledge about the profession of music therapy in Canada.

The information will be submitted in such a way that the identities of those who complete the survey will be unknown to the principal investigator, her advisor, and the online survey company. The investigator will not be able to track the identity of any individual participant. All information gathered will be stored in a secure location on SurveyMonkey, in the principal investigator's password-protected computer, or in a locked filing cabinet in the principal investigator's home.

If you have any questions, you are encouraged to contact the principal investigator, Erin Gross by email at erinborezon@rocketmail.com. You may also contact the academic advisor, Dr. Laurel Young, at laurel.young@concordia.ca, and your questions will be answered. This study has received approval from the Creative Arts Therapies Research Ethics Committee at Concordia University.

If you are willing to participate in this study, please access the online survey by clicking on the link provided. Accessing and completing the web survey will confirm your willingness to participate. Thank you for your time.

Link: _____

Sincerely,

Erin Gross, BMT, MTA

Master of Creative Arts Therapies student (music therapy option)

Appendix C

Invitation to Participate and Consent Form (French)

Invitation et formulaire de consentement

Cher musicothérapeute du Canada,

Nous vous invitons à participer sur une base volontaire à une étude de recherche sous forme de questionnaire en ligne. L'objectif de cette étude est de recueillir des données sur la vision qu'ont les musicothérapeutes canadiens de l'état de la musicothérapie au Canada à titre de profession. La chercheuse principale, madame Erin Gross, effectue actuellement une maîtrise en thérapies par les arts, option musicothérapie, à l'Université Concordia, située à Montréal, au Québec. Les documents de recherche feront l'objet d'un travail rédigé qui sera intégré au projet de maîtrise de la chercheuse qui devra en respecter les exigences. Les résultats de l'étude pourraient également être présentés en vue de publications ultérieures.

Pour participer à l'étude, vous devez être membre en règle de l'Association de musicothérapie du Canada (AMC) et avoir complété la formation de base en musicothérapie (c'est-à-dire la formation minimale requise pour exercer la musicothérapie professionnelle au Canada). Vous devez actuellement exercer la profession de clinicien ou d'éducateur en musicothérapie au Canada. Toutefois, si vous êtes rentier ou si vous n'exercez plus la profession depuis les cinq dernières années, vous pourrez participer à l'étude. Le temps prévu pour répondre au questionnaire est d'environ 25 minutes.

Il n'y a aucun risque à participer au sondage et votre participation demeure totalement volontaire. Vous pouvez choisir de répondre à toutes les questions, à certaines

d'entre elles ou à aucune. Il n'y a pas d'avantage tangible pour les participants, outre le fait de savoir que la personne a participé à une étude dont l'objectif est d'améliorer les connaissances sur la profession de musicothérapeute au Canada.

Les données recueillies seront soumises de façon à ce qu'il soit impossible pour la chercheuse principale, pour sa conseillère et pour l'entreprise de sondage en ligne d'identifier les individus qui auront participé au sondage. La chercheuse principale sera incapable de connaître l'identité de tout participant individuel. L'ensemble des données recueillies seront conservées de façon sécuritaire dans SurveyMonkey, protégées par un mot de passe dans l'ordinateur de la chercheuse principale ou dans un classeur verrouillé à sa résidence.

Pour toute question, nous vous invitons à communiquer avec la chercheuse principale, Erin Gross, par courriel à l'adresse suivante : erinborczon@rocketmail.com. Vous pouvez également rejoindre le conseiller pédagogique, le D^r Laurel Young, à l'adresse électronique suivante : laurel.young@concordia.ca et on répondra à vos questions. Cette étude a reçu l'approbation du Comité d'éthique de la recherche de thérapies par les arts de l'Université Concordia.

Si vous désirez participer à cette étude, prière de cliquer sur le lien indiqué afin d'avoir accès au questionnaire. Le fait d'accéder et de remplir le questionnaire confirme votre volonté de participer. Nous vous remercions de votre temps.

Lien : _____

Avec nos meilleures salutations,

Erin Gross, bachelière en musicothérapie et musicothérapeute accréditée

Étudiante à la maîtrise en art-thérapie (option musicothérapie)

Appendix D

Survey E-Mail Reminder (English and French)

Thanks to those of you who have completed this survey. A friendly reminder to those of you who have not completed this survey - there is still a bit more time. Thanks!

Please find attached an invitation to participate in a survey study (in English or French) that is being conducted by one of our colleagues, Erin Gross. This study has been approved by Concordia University's Creative Arts Therapies Research Ethics Committee.

Merci aux personnes qui ont répondu au sondage. Un rappel amical aux personnes qui n'ont pas complété le sondage - il est encore possible de le faire. Merci!

Veillez trouver en pièce jointe une invitation pour participer à une étude menée en anglais et en français par une de nos collègues, Erin Gross. Cette étude a été approuvée par le Conseil d'éthique en recherche du Département des thérapies par les arts de l'Université Concordia.

Appendix E

Survey (English)

1. Are you currently a professional member in good standing of the Canadian Association for Music Therapy (CAMT)?

- Yes
- No

2. Have you practiced music therapy or taught music therapy courses within the past year?

- Yes
- No

3. Please indicate your current level of CAMT membership:

- MTA
- Professional Music Therapist but not an MTA (former AV-II category)
- Retired/Inactive (please specify last year of professional activity)
- _____
Other (please specify): _____

4. What is your current age? _____

5. Approximate TOTAL number of years you have spent practicing as a music therapist:

- Less than 5 years
- 5-10 years
- 11-20 years
- More than 20 years

6. Gender:

- Male
- Female
- Prefer not to say

7. Indicate the province in which you live:

- Atlantic Provinces (Newfoundland, Nova Scotia, New Brunswick, P.E.I.)
- Quebec
- Ontario
- Manitoba
- Saskatchewan
- Alberta

- British Columbia
- Northern Canada (North West Territories, Yukon Territory, Nunavut)
- Currently live outside of Canada
- Prefer not to say

8. Do you currently practice music therapy:

- Full time
- Part time regular
- Part time sporadic
- Not currently practicing

9. Please indicate your current place of employment:

- Permanent employee at a facility or business
- Contract employee at a facility or business
- Self employed
- Combination of self employment and facility employment
- Not currently employed in the field

10. Please indicate your level of music therapy education (check all that apply):

- Bachelor of Music Therapy
- Post Graduate Certificate/Diploma
- Master of Music Therapy
- PhD/Doctorate (in music therapy)
- Other (please specify) _____

11. Please indicate your level of other (non-music therapy) post secondary education (check all that apply):

- College Diploma
- Bachelor Degree
- Post Graduate Certificate/Diploma
- Masters
- PhD/Doctorate
- Other (please specify) _____

12. I am currently a member of my provincial chapter/regional association:

- Yes
- No

For each of the following statements, you will be asked to indicate the extent to which you agree or disagree with the content of the statement. Please note that we are interested in your honest beliefs, attitudes, and opinions; as such, there are no right or wrong answers.

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

Generally speaking, I feel that this definition is representative of the profession of music therapy in Canada as it is currently practiced.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 13:

14. Scope of practice statement:

The services performed by an accredited music therapist include the knowledgeable use of established music therapy interventions within the context of a therapeutic/psychotherapeutic relationship. This relationship is developed primarily through music-based, verbal and/or non-verbal communications. Music therapy processes can work to restore, maintain, and/or promote mental, physical, emotional, and/or spiritual health of all persons across the lifespan and functioning continuums (including those who have severe and debilitating cognitive, neurological, behavioural and/or emotional disorders such as those outlined in the DSM-IV/V). Music therapists conduct client assessments, develop treatment plans, implement therapy processes/treatment plans, evaluate progress, participate in research, provide clinical supervision to students/interns/professionals, work within interprofessional healthcare teams, work in private practice, and act as consultants to other professionals and the general public on the use of music to promote health and well being.

I believe that the above statement reflects the current scope of practice of a music therapist *in Canada*.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree

5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 14:

15. I believe the scope of practice statement outlined above in question 14 reflects the current scope of practice in the province/territory where I live.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 15:

16. Professional certification is a process designed to recognize a high degree of excellence and knowledge in a specific area, to indicate expertise and achievement, and to denote professional growth and lifelong learning. If a person successfully completes this process, a certificate/credential is granted by the organization or association that monitors and upholds the prescribed standards for the particular profession involved. In music therapy in Canada, this process is referred to as accreditation.

I believe that the current Canadian music therapy accreditation process achieves the criteria for professional certification as outlined above.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 16:

17. I believe that government regulation of music therapy is a relevant issue in my province.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 17:

18. I believe that government regulation of music therapy in *other* provinces will have an impact on music therapy in my province.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 18:

19. Professional advocacy may be defined as the promotion of the well-being of individuals and groups, and the helping professions, within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.

I believe that music therapists *in Canada* are effectively advocating for their profession.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 19:

20. I believe that music therapists *in my province* are effectively advocating for their profession.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Please provide additional information to help explain the answer you have chosen for question number 20:

Thank you for your participation!

Appendix F

Survey (French)

Questionnaire

1. Êtes-vous un membre en règle de l'Association de musicothérapie du Canada (AMC)?

- Oui
- Non

2. Avez-vous pratiqué la musicothérapie ou l'avez-vous enseignée au cours de la dernière année?

- Oui
- Non

3. Veuillez indiquer dans quelle catégorie de membre de l'AMC vous vous situez :

- Musicothérapeute accrédité(e)
- Musicothérapeute professionnel(le) non accrédité(e) (l'ancienne catégorie AV-II)
- Retraité(e)/Inactif(ve) (veuillez indiquer votre dernière année d'activité professionnelle) _____
- Autre (veuillez préciser) : _____

4. Quel âge avez-vous? _____

5. Pendant COMBIEN d'années environ avez-vous pratiqué la musicothérapie?

- Moins de 5 ans
- Entre 5 et 10 ans
- Entre 11 et 20 ans
- Plus de 20 ans

6. Quel est votre sexe?

- Homme
- Femme
- Je préfère ne pas répondre

7. Dans quelle province habitez-vous?

- Provinces de l'Atlantique (Terre-Neuve-et-Labrador, Nouvelle-Écosse, Nouveau-Brunswick, Île-du-Prince-Édouard)
- Québec
- Ontario
- Manitoba

- Saskatchewan
- Alberta
- Colombie-Britannique
- Nord du Canada (Territoires du Nord-Ouest, Yukon, Nunavut)
- Je réside actuellement hors du Canada
- Je préfère ne pas répondre

8. À quelle fréquence pratiquez-vous la musicothérapie actuellement?

- À temps plein
- À temps partiel
- Je pratique de façon sporadique
- Je ne pratique pas actuellement

9. Quel type d'emploi occupez-vous actuellement?

- Employé permanent dans un établissement ou une entreprise
- Employé contractuel dans un établissement ou une entreprise
- Travailleur autonome
- À la fois travailleur autonome et employé dans un établissement
- Je n'occupe pas d'emploi en musicothérapie actuellement

10. Veuillez indiquer votre niveau de scolarité en musicothérapie (cocher toutes les réponses possibles) :

- Baccalauréat en musicothérapie
- Certificat/diplôme d'études de deuxième cycle
- Maîtrise en musicothérapie
- Thèse/doctorat (en musicothérapie)
- Autre (veuillez préciser) _____

11. Veuillez indiquer votre niveau de scolarité postsecondaire indépendamment de la musicothérapie (cocher toutes les réponses possibles) :

- Diplôme d'études collégiales
- Baccalauréat
- Certificat/diplôme d'études de deuxième cycle
- Maîtrise
- Thèse/doctorat
- Autre (veuillez préciser) _____

12. Êtes-vous actuellement membre d'une association de votre province ou région?

- Oui
- Non

Pour chacun des énoncés qui suivent, vous devrez indiquer dans quelle mesure vous êtes en accord ou en désaccord avec le contenu. Prenez note que nous désirons connaître vos véritables opinions, attitudes et croyances. En ce sens, il n'y a pas de bonne ou de mauvaise réponse.

13. Au Canada, la musicothérapie est définie comme étant « l'utilisation, par un musicothérapeute de musique et d'éléments musicaux afin d'améliorer, de maintenir et de rétablir la santé mentale et physique, émotionnelle et spirituelle. La musique possède des qualités non verbales, créatives, structurelles et émotionnelles. Celles-ci sont utilisées dans la relation thérapeutique afin de faciliter le contact, l'interaction, la conscience de soi, l'apprentissage, l'expression de soi, la communication et le développement personnel. »

Je crois que cette définition représente en général la profession de musicothérapeute au Canada, telle qu'on pratique actuellement celle-ci.

1. Très en désaccord
2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 13 :

14. Description du champ de pratique

Les services offerts par un musicothérapeute agréé incluent l'intégration avisée des interventions de musicothérapie éprouvées, dans le contexte d'une relation thérapeutique ou psychothérapeutique. Cette relation se développe surtout par des échanges musicaux, verbaux et (ou) non verbaux. Les techniques de musicothérapie peuvent aider à rétablir, conserver et améliorer la santé mentale, physique, émotionnelle et (ou) spirituelle de toute personne au cours de sa vie ou tant qu'elle en a les capacités (y compris les personnes qui souffrent de problèmes cognitifs, neurologiques, comportementaux et (ou) émotionnels, comme ceux mentionnés dans le code DSM-IV/V). Les musicothérapeutes évaluent les clients, élaborent des plans de traitement, mettent en œuvre des processus et (ou) des traitements thérapeutiques, évaluent le progrès, participent aux recherches, font la supervision clinique d'étudiants, de stagiaires ou de professionnels, travaillent au sein d'équipes interprofessionnelles du domaine de la santé, exercent leur profession en cabinet privé et agissent à titre de consultants pour d'autres professionnels, et que pour le grand public, afin de les informer sur l'utilisation thérapeutique de la musique.

Je crois que l'énoncé ci-dessus constitue une représentation juste du champ de pratique d'un musicothérapeute *au Canada*.

1. Très en désaccord
2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 14 :

15. Je crois que l'énoncé ci-dessus est une représentation juste du champ de pratique d'un musicothérapeute dans la province ou le territoire où j'habite.

1. Très en désaccord
2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 15 :

16. La certification professionnelle est un processus conçu pour convenir qu'une personne a atteint un niveau élevé d'excellence et de connaissances dans un domaine donné, pour faire connaître son expertise et ses réalisations, et pour mettre en évidence sa croissance professionnelle et son apprentissage permanent. Lorsqu'elle accomplit toutes les étapes du processus, elle se voit remettre un certificat ou un diplôme par l'organisme ou l'association responsable du suivi et de la défense des normes pour la profession concernée. En matière de musicothérapie au Canada, on appelle ce processus « accréditation. »

Je crois que le processus d'accréditation comme musicothérapeute au Canada correspond aux critères de certification professionnelle décrits ci-dessus.

1. Très en désaccord
2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 16 :

17. Je crois que la réglementation gouvernementale de la musicothérapie constitue un problème dans ma province.

1. Très en désaccord

2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 17 :

18. Je crois que la réglementation gouvernementale de la musicothérapie dans d'autres provinces aura des répercussions sur la musicothérapie dans ma province.

1. Très en désaccord
2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 18 :

19. On peut définir la défense de la profession comme étant la promotion du bien-être des groupes et des individus ; et celle des professions d'aide au sein des systèmes et des entreprises. La défense professionnelle vise à faire tomber les barrières et les obstacles qui bloquent le droit à l'accès, à la croissance et au développement.

Je crois que les musicothérapeutes *du Canada* défendent efficacement leur profession.

1. Très en désaccord
2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 19 :

20. Je crois que les musicothérapeutes *de ma province* défendent efficacement leur profession.

1. Très en désaccord
2. En désaccord
3. Plus ou moins d'accord
4. D'accord
5. Très d'accord

Veillez présenter des renseignements additionnels qui appuient votre réponse à la question 20 :

Nous vous remercions de votre participation!