

The Importance of Advocacy and Other Reflections: An Interview with Chrissy Pearson, BMT, RP, MTA, FAMI November 2021

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Chrissy Pearson is the Executive Director of the Canadian Music Therapy Fund (CMTF) and a certified music therapist at Baycrest Health Sciences, as well as a registered psychotherapist and Fellow of the Association for Music and Imagery. She advocates for the therapeutic benefits of music therapy and has been featured in a variety of media including television and radio, podcasts, and blogs, and academic journals. In her clinical work, she provides music therapy services in palliative care and inpatient mental health in addition to supervising music therapy interns. Pearson also has a private practice which is focused on music psychotherapy and the Bonny Method of Guided Imagery and Music (GIM).

This interview, conducted in November 2021, outlines Pearson's career path, the importance of advocacy, and her hopes for the future of music therapy. She encourages her fellow music therapists to advocate for themselves, their clients, and their profession, and provides some practical ways for them to do so.

Mariah Story (MS): How did you first become interested in music therapy as a profession?

Chrissy Pearson (CP): I have always loved music, and throughout my childhood my mom had me in preschool music classes. I was fortunate that my elementary school had music-focused classes. My mom also insisted I play the piano when I was younger; I hated playing the piano. When I first started playing the flute in school I came home and said, "Mom, I love playing the flute! Can I please take flute lessons and not piano lessons?" Luckily, she supported that, and I took private flute lessons from then on. I also sang in the choir and played in the pit band for the school musicals.

I loved music but never had an interest in becoming a professional performing musician or looking into it as a post-secondary option. I had planned on going into social work or counseling psychology, something where I could work with people. My mom was a guidance counselor, and she came home one day and said, "I just learned about this great program called music therapy." It was a perfect marriage of both those aspects; that's how I came to music therapy.

MS: Could you talk about the training and schooling that has led you to your current roles?

CP: I did my undergraduate degree at the University of Windsor, back when they still had a music therapy program, and then I went from Windsor to Toronto to do an internship at Sunnybrook in their Veterans' Care program. I loved working with seniors, and the internship confirmed that. It took six months after finishing my internship to build up what felt like a full week of paid work.

Back then there wasn't a lot of email communication, so I would mail out packages that explained music therapy and introduced myself to different places. I made calls until I could find enough employment and contracts to fill my week. One of these contracts was part-time at Sunnybrook. It was donor-funded, and as the funding began to run out, I wrote a business case and got the position funded again. It felt like such a huge win! Trying to develop that full-time work week really was a hero's journey at first.

Later, my wife got a job in Winnipeg, so I had to start the process of building up my work week all over again. While I was in Winnipeg, I planned to attend the CAMT conference in Victoria. I learned that there was going to be a Level 1 GIM (Guided Imagery in Music) training in Vancouver right afterwards. I had always been interested in Guided Imagery and Music and can remember thinking, "I can't afford this right now, but I don't know if an opportunity will align like this again, so I'm just going to do it." It was one of the scariest things I ever did because I didn't know anybody there. But after two days, I was so hooked. In the back of my mind, since undergrad, it's what I thought music therapy always was; the experience felt like a homecoming.

MS: I'm sure that it has really added value to the work you're doing now.

CP: It was a long process, but now it is an additional skill that I can offer in my practice. When I moved back to Toronto four years later and again started building up a work week, I was also finishing up my GIM intensives. It took five years to complete. I really do feel like I've started my career three times—when I finished my internship, when I moved to Winnipeg, and again when I moved back to Toronto where I still am now.

MS: I think for a lot of music therapists, it is encouraging to hear that it takes time to build up a work week, but you can get there.

CP: Yeah, and it's a message I pass on to interns. Another important part of my career is supervising. One of the first things I always tell my new interns is unless you really love it, there are many other areas where you could more easily create a career. You're going to have to work for it because the reality is that there are very few job postings for music therapists.

MS: How true. That really resonates with me; building that work week is a challenge.

CP: But worth it if you love it.

MS: In April you took on the role of Executive Director at the Canadian Music Therapy Fund (CMTF). Tell me a little bit about the CMTF and what it is that you do there.

CP: The CMTF is a music therapy charity started by music therapists. Some members of the Canadian Association of Music Therapists (CAMT), back in the 90s, experienced how difficult it

was for health-care organizations to fit music therapy into their budgets. The charity was started to create access to music therapy, and that work continues to this day. I started with the charity through the Music Therapy Centre in Toronto. This centre is a project of the charity. It acts as the head office but it's also an accessible music therapy clinic. The centre and the charity have this unique relationship where the charity supports the clinic and the revenue from the clinic supports the charity. I started working there with clients and, eventually, it led me to the role of managing the Music Therapy Centre.

So I started managing clinical work at the centre while also working to consult with the charity on how to better represent music therapy. A lot of the people who are on the board of directors aren't music therapists, which is fantastic because music therapists are not fundraisers and are not trained to work in a charity setting. Part of my job was to consult on the portrayal of music therapy, explaining music therapy and advocating for it. I started that in 2010, so I've been with the organization now for over 10 years. When I started this work, things in the music industry had shifted. They were our main source of financial support, so that was a huge blow. After a shift in focus, things are now feeling like they're rolling again, and so I've worked with the charity to restructure it. I told them that we're doing all this great work and there needs to be a role with a title that will help us to be taken more seriously and develop relationships to help grow the charity. My role now as the Executive Director is part-time. The reason I think it's great to have a music therapist in this role is that we can talk about it better than anybody else. In terms of building relationships with donors or writing grants or putting on events, all of that happens with a music therapist in the leadership role. I can help oversee all of that and consult with people on the board who are experts at other things.

MS: I really admire your passion for advocacy. If you could speak directly to other music therapists who aren't sure how they could better advocate for the profession, what would you say to them?

CP: The first thing I would tell them would be to practise talking about music therapy. I think—I don't think, I know—that the more we practise talking about it, the more confident we will be when explaining what we do to others. Talk to your friends about music therapy, talk to your friends' parents, try to convince people who you're familiar with who are outside of your inner circle and really see if they understand music therapy. And if they don't, what do they not understand? Do your own investigative work to find out what is missing from people's perceptions of the profession.

Don't say no to opportunities. Even as a young music therapist, if you are asked to speak to the director of a long-term care home where you're working and you're thinking, "Oh man, that's scary, maybe I'll do that in a few months from now," you may not get that opportunity again, so you say yes! You always say yes! "Yes! I will talk to you about music therapy." And then if you're nervous, you get some help, but never say no to an opportunity to talk about music therapy, even if it makes you uncomfortable.

Also, take the initiative to start conversations. Don't wait for someone to ask you to explain music therapy. People don't always know that they're interested until they start to hear about it. Talk to the nurses in a hospital where you're working. Maybe you reach out to a local library and offer to do a talk. Maybe you have a colleague who is a speech language pathologist and their team would love to learn about music therapy. The CAMT and the CMTF are great organizations with opportunities to speak about music therapy. Make yourself available to present. Practise, say yes, look for opportunities, and make it known to others that you like talking about music therapy.

MS: Those are practical things that any music therapist, me included, really can implement as an important part of our role in moving the profession forwards. As you're speaking, it kind of reminds me of the idea of paying it forward in the sense that, hopefully, someone that you talk to would be able to explain it to somebody else.

CP: Another thing, which we don't always think about, is to show up for each other. If I know that there's going to be a talk about music therapy at a hospital somewhere or there's going to be a lunch-and-learn, for example, I might call up a music therapist and say, "Hey! Could you use more music therapy presenters?" Or when CAMT does an event or fundraiser, it is always so valuable if other music therapists show up because then those potential donors or people who might hire a music therapist see the interest from the community. The more people see how passionate and excited we are, the better.

Once I did a talk at the Toronto Reference Library. There were lots of people who wanted to talk afterwards and I couldn't get to all of them. It would have been great to have a couple other music therapists come up to the front with me after the presentation and talk to people as well. I always tell people to reach out beyond the CAMT conference. If you're interested in autism, go to conferences that deal with things that folks in the autism community are researching, studying, or learning about. There are lots of opportunities where you might chat in the hallway with a health-care worker at your facility who would love to then implement music therapy. Those types of things and interactions don't happen if we don't show up.

MS: Have you noticed any changes to the profession throughout your career?

CP: There is way more music therapy research happening in Canada, which is partly because we have graduate programs now. I also think there are more opportunities outside of traditional music therapy learning as well, like music and health research at the University of Toronto, for example. More research helps us to bring awareness to the folks in the community who might insist that they need the scientific evidence to validate what we do.

In addition to that, I think there are more opportunities for music therapists to talk about what we do within academic circles or other realms where we might not have been invited to the table before. Stories help people understand what we do; they can be more powerful than

the numbers-based research that a lot of people want. We can see what people were working on back in the 80s; that generational element also means we have more stories to tell.

One thing that's challenging with growth, from what I'm seeing within communities, is that there is not an equal amount of employment opportunities as there are graduates of music therapy programs, which is another reason why advocacy is so important. The CAMT directory list has more than doubled since I started working, but I don't think we've more than doubled the opportunities for music therapists to work. We need to work hard to create opportunities for people to get music therapy so that our music therapists are working.

MS: What do you see for the future of music therapy?

CP: The pandemic has brought up—at least in the communities I'm part of—this virtual world. I'm finding that people want to connect with music for wellness. They are not necessarily looking to work intensively with a therapist, but they recognize that music is helpful. Music therapists have a lot to offer in this environment. We know not everybody needs music therapy—not everybody needs any kind of therapy—but I do think that everyone could benefit from music. I think that we're experts on the spectrum of working one-on-one with people on therapeutic goals like recovering from a stroke or working through trauma. Maybe a person just wants to know how they can use music more effectively to help with their mood or to help with their workout routine. The future of music therapy needs to embrace all the different ways certified music therapists can support people through music.

There also needs to be more music therapy in health care. Each province in Canada has their successes and challenges. I'm hoping this is something the CMTF can be involved in—advocating at the government level and educating people who oversee what is inaccessible in our health-care systems. We're going to need advocates in every province to help with this. I'm hopeful that music therapy will be included in general health insurance plans like occupational or speech language therapies already are. Including music therapy in these health-care benefits might make it easier for organizations to include it in their budgets because these insurance companies are acknowledging the worth and efficacy. It perhaps then leads the government to look at how they fund long-term care or hospitals, for example, and add music therapy to those facilities. Big picture: this could trickle down to other sectors as well.

MS: Do you have any final thoughts on advocacy and music therapy?

CP: I didn't set out in my career to do what I'm doing now. I really want to encourage people to remember that there are a lot of possibilities in this career. Even when you aren't sure, put your ideas out there because there are always turns in the road. I would encourage everyone to just have their minds and hearts open to those opportunities when they come along.

Author Information

Mariah Story, MTA, BMT, is a certified music therapist in the Region of Waterloo. She works with children and adults with developmental disabilities and has embraced telehealth services by facilitating young adult music therapy groups over video-conferencing platforms since 2020.

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