

Reflections on the Canadian Music Therapy Podcast: The First 40

[Réflexions sur le balado *Canadian Music Therapy Podcast* : Les 40 premiers épisodes]

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Abstract

The Canadian Music Therapy Podcast celebrated two years of episodes in February 2023. Hosted by music therapist Adrienne Pringle (AP) and business leader Cathy Thompson (CT), the bi-weekly podcast shines a bright light on the impact and work of music therapists across Canada. This reflective article features Adrienne's and Cathy's personal explorations of themes and ideas that emerged from a close examination of the podcast transcripts from the first 40 interview-based episodes.

Keywords: podcast, music therapy, advocacy, music as catalyst, connection, collaboration, adaptability

Sommaire

Le balado Canadian Music Therapy Podcast a célébré son deuxième anniversaire en février 2023. Animé par la musicothérapeute Adrienne Pringle (AP) et la cheffe d'entreprise Cathy Thompson (CT), le balado a lieu toutes les deux semaines et met en lumière l'influence et le travail des musicothérapeutes de toutes les régions du Canada. Dans cet article de réflexion, les autrices discutent des thèmes et des idées qui sont ressortis d'un examen minutieux des transcriptions des entrevues présentées dans les 40 premiers épisodes du balado.

Mots-clés : balado, musicothérapie, défense des droits, la musique comme catalyseur, connexion, collaboration, adaptabilité

Beginnings

AP: When Cathy first suggested the concept of the podcast, I was reluctant to embark on the project. I didn't know anything about the podcast world and there was a steep learning curve to understanding *why* and *how* we would do this. I was intimidated by the undertaking. Cathy was reassuring, and I quickly learned that we wouldn't be doing this alone—thanks to our team, Stacy Maynard (editor), Lindsey Jacobs (graphic design) and Julie Pickett (social media), it turned out to be simpler than I had anticipated. Cathy is an innovative business leader and brave risk-taker; she also brings experience as a TV host and, most importantly, a constant curiosity about people. Since we had collaborated so successfully for *Beyond the Studio* (www.beyondthestudio.ca) and *Sing it Girls* (www.singitgirls.ca), knowing that I would be working with Cathy made it possible to take the leap and say yes.

Once we began planning the *why* of the podcast and developing our understanding of how it could represent our unique Canadian voices and identities, our reasons to move forward became evident. My personal mission to advocate for music therapy could be realized through the podcast in a whole new way. I would get a chance to talk to my heroes, friends, inspirational colleagues, and, equally as important, give our listeners a chance to hear their stories, experiences, and perspectives. I also realized that this would be an opportunity to highlight Canadian music therapists' identities, and the strong work that they are doing across the country. We need to celebrate and support one another. The geographical breadth of our country often limits us from gathering in the way that we could in a smaller territory. The podcast gives us a platform to acknowledge and create awareness of one another, as well as to grow pride in our national identity as a profession.

As we have heard on the podcast, our work can be isolating: we are often the only music therapist in our facility or in our community. One of the reasons that we end up with attrition in our profession is because of this feeling of isolation. Hearing others speak about their clinical work and lived experiences helps us to feel connected. Importantly, through our podcast, a music therapist may see themselves or relate to the experience of another music therapist that

they may never have the chance to meet. My hope is that the podcast works to inform those who may be interested in learning more about music therapy, to inspire students to study music therapy, and to help professionals to feel seen and proud of the powerful work they are doing.

When I was on the Canadian Association of Music Therapists' (CAMT) board for a term as President, one of our board members, Jeffrey Hatcher (Winnipeg-based MTA and counselor), said: "The CAMT is the long thread that connects music therapists across this vast country" (2016). With such a wide geographical spread across varied provincial health-care landscapes, we need to be conscious of staying connected as a professional body. The CAMT offers us this sense of connection, and the podcast gives us another platform to hear one another's voices and stories from coast to coast. It has been a powerful experience for me to take this time to reflect on what has been shared on the podcast over these past two years.

CT: The idea of hosting a music therapy podcast came to me one day after I had finished producing and hosting three seasons of a local cable TV show, *Beyond the Classroom*. What I loved about the TV show was that I had the privilege of interviewing people and sharing their areas of expertise and stories as they related to learning in childhood. I had also begun to understand more about the business utility of a podcast as a way of sharing stories and information more widely. With the advancement of tools and technology in the podcast field, I felt that it could be something Adrienne and I could do together to create more awareness of our company, *Beyond the Studio*. But, more importantly, I envisioned the podcast as a means of highlighting the amazing work of music therapists across Canada. When I approached Adrienne about creating a podcast, she liked the idea but was hesitant. I felt that, with Adrienne's gift for connecting people, her ability to create a warm environment for sharing, and her extensive relationships with music therapists, we would make a great team for producing the podcast. After some convincing, she was prepared to give it a try with an open mind and heart, and a willingness to learn along the way.

I had built effective systems to produce the TV show, which I knew we could translate to podcast production. So we weren't starting from scratch, even though neither of us had hosted a

podcast before. We hired a podcast editor, graphic designer, and social media consultant and, in February 2021, the *Canadian Music Therapy Podcast* was launched. The guests that Adrienne has invited to the podcast are amazing and the experiences they have shared have been compelling. I believe that one of the reasons why people who aren't music therapists listen to the podcast is because of the stories. Storytelling attaches emotion to concepts and, through this, music therapists can articulate the impact of their work with clients. One of the challenges that music therapists have identified is that the public often does not fully understand what they do. I have heard this for at least eight years in a variety of ways at meetings, events, and throughout interviews on the podcast. After co-hosting this show as a non-music therapist, I believe that the stories are what hits home with the public. The stories give listeners a sense of what music therapists can do.

The Process

In preparation for this piece, we chose 40 podcast episodes to review in order to identify themes that emerged in the first two of years of the show. We decided on the first 40 interview-based episodes, and transcribed them using a transcription service. Based on several thorough reviews of the transcriptions, we each highlighted prominent themes that emerged from interviewees' responses to questions we asked during the shows. We compiled, reflected upon, and discussed areas of crossover and similarity, leading us to identify five overarching themes: connection, collaboration, adaptability, advocacy, and using music as a catalyst.

Next, we engaged independently in reflective writing, considering each theme alongside relevant direct quotes from podcast interviews, following the practice articulated by Artioli et al: "The reflective approach of reflective writing allows oneself to enter the story, becoming aware of our professional path, with both an educational and therapeutic effect" (2021). From this thematic reflection, ideas emerged as we immersed ourselves in the stories and made connections between interviewees' lived experiences and our own lives.

For this article, we each wrote about select themes: Adrienne wrote about the themes of advocacy and using music as a catalyst, while Cathy wrote about the themes of connection, collaboration, and adaptability.

Thematic Discussion

Connection

CT: The theme of connection was prevalent in most episodes. Specifically, guests spoke about the connection between members of the provincial organizations, connection to other music therapists in the field, and music as a connector between therapist and client, as well as between therapist and staff, caregivers, or client family members. In addition, guests spoke about connection to the music itself, between voices and to their voice, to oneself (mind and body), to memories, to the environment, and to music in their own childhoods.

We interviewed all of the provincial associations' presidents as well as the CAMT leaders on the podcast. The provincial associations' presidents often mentioned their focus on ensuring that membership connections stayed strong despite pandemic lockdowns. Staying connected helps music therapists energetically, in job support, and in growing our profession. Leaders touched upon the unique challenges faced by music therapy in their area, speaking about the influences of culture, socioeconomics, and geography. In some cases, they made a concerted effort to bring different learning opportunities to their associations to promote community connections and to support ongoing education. Guests spoke about creative initiatives, including surveying members, strengthening policies and operations, and bringing people together through in-person and online events. The CAMT conferences in 2020 and 2021 continued as scheduled, but were moved online. Maintaining this opportunity for members to meet, share experiences, and work together to problem-solve issues during COVID-19 lockdowns was critical. Members felt supported by each other and by CAMT during a very stressful time, furthering existing connections.

The podcast was launched in February 2021 when lockdowns across Canada were still prevalent due to the pandemic. The early podcast episodes often echoed the need to stay connected during a time when the government asked that we socially distance—from both colleagues and clients. Music therapists articulated a desire to continue to connect virtually with other MTAs (Certified Music Therapists) to avoid loneliness, and to get support and ideas from one another.

The guests on the podcast shared their personal connections to music, as well as their clients' connections to music through therapy sessions. From my perspective, music therapists have an innate ability to clinically connect to music in a way that gives others access to musical connection, regardless of their current musical capacities. It's like the music is inside of the MTAs, ready to support those who need it through a variety of mediums and instruments. Ruth Roberts shared one of her experiences in oncology with a family on episode 45:

So, in oncology, I supported families and children going through various stages of treatment from their diagnosis. Could be through lengthy chemo or radiation through complications and sometimes at end of life and music was really an ally for the kids. I remember one mom saying, "*I knew when he spent time with you, he could just be a little boy again.*" (Thompson & Pringle, 2022)

As guests shared their experiences on the show, I was struck by the fact that music itself was a huge connector. I knew from the research behind the Sing it Girls!® program that the act of making music together connects people and can have a positive impact on an individual's mental health and well-being (Pringle & Thompson, 2022). Music therapists have the benefit of using music as a connective tool when talking might not be a preferred option in the therapy sessions. Naomi Ben-Aharon explained this eloquently in episode 22: "I felt really alive. I felt really in connection with being a human. And the people who were at hospice taught me a lot about what it meant to be in the moment with somebody, what it meant to be present, the importance of planning and also *not* planning in music therapy work" (Thompson & Pringle, 2021).

Alexandra Moir spoke about her experience in palliative care of feeling connected by being present on episode 34: "I ended up going into palliative care and just being struck by the difference that I could make just via my presence and my music . . . music is one of those, you know, huge connectors, so when you bring presence and music together, just something so amazing can happen that I just feel invigorated during so much of my time at work" (Thompson & Pringle, 2022). On episode 24, Elaine Cheung underlined this idea of connection to others in the work of music therapy:

I think a person's individual preferences for music is a way to communicate their identity, to connect with another person, and to make meaning out of whatever they're experiencing. The reason that I got into music therapy was wanting that deeper and more personal level of connection with people. (Thompson & Pringle, 2021)

We asked many guests on the podcast about their journeys to become music therapists, and the stories are amazing. One of the common threads we have heard is the connection to music as a child. Often, our guests have witnessed first-hand how music has positively impacted someone's life and, because of this experience, they have chosen to follow the path to becoming a music therapist. On one of our first episodes (episode 3), Noreen Donnell spoke about her childhood experiences with music:

I would have to give a nod to my early love of music, starting with piano lessons at age eight. I quickly realized this was something that I not only loved to do, but it was something I was naturally good at. I have to give a shout out to one of my favourite piano teachers, Mrs. Lachine. I totally credit her with bringing the music out in me—I think she knew on some level that music was bubbling inside of me. I feel like she freed my musicality. So I'd often go onto these musical tangents. For example, if I made an error when I was playing classical music and I liked the sound of it, I would start composing a different song based on that. So I kind of think that was my creativity coming out and probably why I continue to love to write songs. Music was a very present force in my home growing up, and I'm really thankful for that. (Thompson & Pringle, 2021)

Kaitlyn Kasha, on episode 46, also relayed her musical journey:

So my journey to music therapy was actually quite organic. I grew up in a very musical household and I'm really thankful to my parents for a really encouraging music education. I started in Kindermusik when I was very young, and after I graduated from that program, my parents encouraged me to take lessons. They basically said to pick an instrument and I said, "I want to sing, my voice is an instrument too." (Thompson & Pringle, 2022)

Hearing the "journey" stories of "how I got here" helps music therapists re-connect to their roots, their reason for doing this work. Our hope for listeners is that this is inspiring, refueling, and sustaining because they can relate, they feel "seen," and they can connect these stories to their own "why" and journey story.

Adaptability

CT: When speaking with podcast guests, the theme that permeates most episodes is the adaptability of music therapists. Just like an educator in the classroom, MTA's must be flexible and adaptable during their music therapy sessions with clients and groups. I think this speaks to client-led care in the sense that, if something is not working to help with the therapeutic goals, the therapist switches their techniques or pacing to move the session forward. Each client has individual needs during music therapy, so finding a match between the therapist and client is critical to meeting therapeutic goals.

On our second episode, Susan LeMessurier-Quinn shared her music therapy experiences in different settings:

Well, I think music therapists have this very unique position in that music can be so adaptable for a variety of situations that allows us to work in different areas in different population areas, and also with different age groups. So, for example, for a pediatric hospital to be able to spend maybe one day working in children's rehabilitation and perhaps the next day working in pediatric intensive care, or a neonatal intensive care, is really for me a blessing and a privilege because of this unique ability to use different musical resources and approaches to work within each situation. And so, whether it's choosing the right instrument for that right moment, or the most appropriate type of music or style of music for that moment, and then that unique ability to be able to respond within the moment to the music that you're creating, but also the music that the patient is creating . . . we can do anything, we're adaptable and we can make this happen because the most important thing at the end of the day is that you're maintaining that connection with your patient and with their families and caregivers. So how do we do that? We figure that out and we look for ways to make that happen." (Thompson & Pringle, 2021)

Guests have also noted the need to trust their gut in situations to get the most out of their time with the client or group. They must also be innovative, be flexible, and bring a diverse range of skills to their work.

Collaboration

We can learn so much about how music can help people from a health and wellness perspective. By not only collaborating with other healthcare professionals, but other music practitioners and other people that swim around in music and human relationships all the time. —Liz Mitchell, Thompson & Pringle, episode 12, 2021

CT: One of the things that we hear continuously from music therapists on the podcast is the importance of collaboration. This can take the form of collaborating with others within a facility, collaborating at the provincial level as colleagues, or collaborating in an interdisciplinary way within organizations and in the community. As an entrepreneur and business leader for over 25 years, what has struck me in speaking with music therapists is that outright competition for business opportunities is frowned upon. Rather, ethical music therapy practice calls for professionalism and collaboration. This is a notable difference compared to traditional business culture, despite the very real issues music therapists face of limited contracts, positions, and integration into the health-care systems across Canada. The Canadian Association of Music Therapists Code of Ethics (2023) Item II.37 Responsible Practice, Ethical Business Practice states: “The MTA will demonstrate respect for other Certified Music Therapists by ensuring they do not intentionally undermine existing therapeutic relationships by engaging in deliberate solicitation of clients who are receiving services from another Certified Music Therapist” (CAMT, 2023).

Peer support is part of the fabric of music therapy and we have categorized it under the theme of collaboration. Guests of the show have identified that they seek opportunities to connect with others in the field to receive mentorship, guidance, and supervision. In episode 25, Mackenzie Costron explained the links between mentorship and a broader integration of the profession: “We have a vision to provide brave spaces for students, interns, and certified music therapists. We also have an interest in music therapy to be accessible, recognized, and

integrated into all healthcare systems at both the macro and the micro level” (Thompson & Pringle). There is mutual respect and a coming together to help bring all certified music therapists to the same level to make music therapy accessible to all. Many MTAs found the opportunity to connect virtually with teams within their own practices, with their provincial associations, and with the Canadian Association of Music Therapists particularly helpful during the pandemic.

Amanda Schenstead (episode 28) was excited to share the ways they brought unique educational opportunities to members of the provincial association in Saskatchewan: “This year, we decided to branch out to include education sessions, which featured professionals outside of the membership and from other disciplines . . . And so that was kind of nice to like collaborate and have voices from other disciplines coming in” (Thompson & Pringle, 2022).

We also heard from many guests about the need to collaborate to overcome workplace isolation. Reflecting on her time as the first music therapist working alone at Sick Kids in Toronto, Ruth Roberts shared: “For a lot of us as music therapists going into situations, the work itself can be isolating, and so I relied heavily on my colleagues in the profession. I didn’t have colleagues in the hospital, but I became involved provincially and through the national organization. And it was so enriching to me personally and professionally” (Thompson & Pringle, 2022).

When Miya Adout was asked about her advice for new music therapists on episode 35, she offered: “I think probably to seek out a mentor, whether it’s the supervisor, a friend who, you know, has been in the field for some time. I think just communicating with someone who’s been there can go a long way” (Thompson & Pringle, 2022). On podcast episode 3, Noreen Donnell told us more about the impact of collaboration and connection when sharing her recommendations for other music therapists: “Probably a final recommendation is just connect with other music therapists. These are your people. We have so many ways to do this. We have our provincial conference, we have national conferences and, I’ve always said, when I go to these conferences, I feel like I’m coming home” (Thompson & Pringle, 2021).

One of the things I have noticed about many of the music therapists I have met is their passion for learning and the need for interprofessional collaboration to learn from other disciplines for client-centred care. As Elaine Cheung explained: “I know that many music therapists work in complex care and are in collaboration with other healthcare professionals” (Thompson & Pringle, episode 24, 2021).

I believe that educating professionals in different disciplines about what music therapy can do for their patients/clients, along with the role of music therapists on teams, will help advance client care. Also, informing those individuals needing therapy that music therapy is a potential treatment option may create a push upwards to management as a form of patient advocacy. Clients asking specifically for music therapy will draw the attention of management to potentially allocate a budget for this position on all healthcare teams.

Music therapy is not only helpful in healthcare settings, we have also heard about successful music therapy programs in jails and schools. On episode 4, Jennifer Buchanan related how other professionals work with music therapists to co-treat patients:

What does it really mean to co-treat with others and recognize that yes, it's all that list, but it is also working with the chaplains in spiritual care. It's also working with the many recreation therapists who have advocated for our work across Canada. I mean, it's all these pieces. It's also working with families. We can see all the layers of networks that people are working in. (Thompson & Pringle, 2021)

Music As a Catalyst for Change

There is a profound sense of grounding when we can show why what we do works from a very evidence-based perspective. However, this does not take away from the mystery and the magic and the intuition of why music is so important. —Dr. SarahRose Black, Thompson & Pringle, episode 10, 2021

AP: The impact and role of the “music” in music therapy is a strong theme in each episode. In episode 47, Melissa Jessop recounted the words of my supervisor, Caryl Ann Browning: “You have to trust the music, let the music do the work” (Thompson & Pringle, 2022). As music therapists, we search for the words to describe *the work* that the music does. We study all of this as musicians and have in-depth understandings of how to use music in a wide range of clinical applications. Music therapists use the elements of music in varied applications in the context of therapeutic relationship. Podcast guests have spoken about these relationships through stories of lived experiences of music in action, stories that speak to the heart of this work. As Noreen Donnell explained, “These stories, I’ve always said, provide that ‘aha’ moment for others to get what music therapists do” (Thompson & Pringle, 2021).

In episode 11, Paul Lauzon spoke about how Howard Gardner’s theory of multiple intelligences highlights an area that deserves more emphasis and recognition: musical intelligence (Gardner, 1983). Paul reminded us: “Music is a part of what makes us human and each one of us has a music child within” (Thompson & Pringle, 2021). As a former student of Paul’s at Acadia, Yasmin Kawar—who went on to complete her graduate studies at Concordia University—summed it up succinctly while discussing her work in mental health and addictions, saying: “Music is inherently humanizing” (Thompson & Pringle, episode 22, 2022).

Rachael Finnerty (episode 21) described music as a natural, engaging intervention that allows a space for mental health goals to be achieved proactively. Through Rachael’s current research with university students, she advocates for music therapy to be recognized as a standard of care. Elizabeth Eldridge (episode 5) described the natural power of music therapy as the creation of a comforting, safe space, without feeling “like therapy.” This music space gives a sense of agency, empowerment, and hope for the future. Dr. Elizabeth Mitchell spoke of this as well, saying, “I love the paradox that was this idea that their clients identified that music therapy was helpful in their treatments because they didn’t perceive it to be treatment” (Thompson & Pringle, episode 12, 2021). Similarly, in reflecting upon her work at Sick Kid’s Hospital, Ruth Roberts spoke about music as an “ally for kids,” sharing how music helped

a mom to regulate her emotional response, which, in turn, helped her child to be soothed. These strong examples give life and understanding to the work of music.

Dr. Susan Summers (episode 6) shared her learnings about her own intuitive knowing, supported in findings from her PhD research on the uniqueness of the human voice as a valued and audible expression of our identities (Baker & Uhlig, 2011). Susan explained further that vocal expression through singing is a powerful non-verbal means of accessing our subconscious and healing capacities. What happens when we are singing and connecting in music therapy is that the experience of engaging in music “takes the lid off” and gives the participant access to themselves as a whole person:

Their voice freed them and it released emotions. It spoke for them. It said things in song and in vocalization, in different ways than a verbal statement would have done. They talked about the physical healing that can come from that and the emotional release that they were able to facilitate for their clients. (Thompson & Pringle, 2021)

In popular culture, we hear this described as “the power of the music,” a descriptor used by music therapists in several podcast interviews (Thompson & Pringle, episode 17, 2022; episode 31, 2022); Music makes us feel deeply and has properties that integrate us and connect directly to emotions and our physical bodies (McFerran et.al, 2020). Music facilitates the mind–body connection, drawing upon our musical intelligence (Gardner, 1983), our inner “music child” (Aigen, 2014)—“inherently humanizing” us.

Advocacy

I think that one of the main things that I came away with is just the amount of obstacles that the people who I interviewed had to get through just to be able to establish and to have a career as a music therapist. —Dan Kruger, Thompson & Pringle, episode 41, 2022

AP: If there is one distinct theme that comes up in every interview on the podcast, it is advocacy. I love hearing the excitement, passion, and dedication that Canadian music therapists share when we ask the (often final) question: “what is your vision for the future of music therapy in Canada?” Susan Summers, for instance, shared:

I think if I had a crystal ball and if I had anything to say about how we would progress, it would be that music therapists and music therapists’ work are understood for what it is as the ethical professional depth approach that we are hired everywhere that every hospital ward, every school, every community agency, every mental health treatment centre, every long-term care home across Canada and beyond have a music therapist. And that actually we would be in short supply then, because there’s not enough of us. (Thompson & Pringle, 2021)

I recognize now that if there is one purpose alone for the podcast, it is this: to keep that inspiration and passion alive in each one of us, so that we continue to be pioneers and trailblazers in moving this healthcare profession forward. As Dr. SarahRose Black explained:

When we talk about the future of music therapy what I envision is this: may music be a standard of healthcare. So of course music therapy is a standard. May there be a music therapist in every facility, in every community, may people have access. I am fierce about access and I hope it is not difficult to access a music therapist and that it becomes so common that no one is surprised. Like when I introduce myself as a music therapist, well, of course there’d be a music therapist here, as opposed to, I can’t believe this hospital has a music therapist. I’m looking to switch that narrative. And I know so many of my colleagues and friends are doing the same thing. (Thompson & Pringle, 2021)

Music therapists recognize the value of their work; however, there are barriers that limit access to music therapy services. Music therapy is generally not included in most public (government) or private (insurance) funding models. Health-care policy is regulated provincially, and the number of practising music therapists is too small to gain enough traction to lobby at each provincial level. When we band together at the national level, we need to be able to access and target the audiences that can influence policy change that is both challenging to identify and to target without the means for a lobbying effort.

Another barrier to services can be inadequate numbers of music therapists available in certain regions to meet demands. Further, there continues to be a general misconception about what music therapy is and who is qualified to provide it—and this can cause frustration and a path to burnout for some MTAs. I recall a clever tag line on the radio a few years ago that went like this: “(radio station name) . . . music therapy for your ears.” Of course, there is nothing wrong with saying that the music played on the radio may be therapeutic for many. This language, however, can be discouraging for music therapists who have been advocating together for almost 50 years to clarify that the term “music therapy” refers specifically to clinical interventions offered in the context of a therapeutic relationship by a certified music therapist.

I have three degrees and studied for seven years, plus a 1000-hour internship, alongside hundreds of continuing education course hours and certifications—extensive training that I know many of my colleagues share. As Susan Summers commented, because music therapists begin their studies as children in music lessons, a four-year Bachelor of Music Therapy is more like 15 years of training. The misconceptions that we are entertainers, that any amateur musician could do our job, and that our work is fun and easy can be difficult to tolerate on a day-to-day basis, especially when we may feel misunderstood by our colleagues. We understand the effort, time, resources, and dedication that is required to train to become a certified music therapist, and the need to explain this endlessly can be a challenge. As Fleur Hughes stated in episode 30: “I don’t want people to think we show up with a guitar and sing” (Thompson & Pringle, 2022).

On the podcast, music therapists have explained that advocating can be challenging within their personal workplace. To have retention in our field we need to have more options for “good” jobs, meaning full-time employment with benefits and vacation pay so that MTAs feel supported and can focus singularly on providing the excellent services that they are trained for. We talk with a lot of different MTAs on the podcast from across the country, and many ideas and initiatives are shared. The podcast helps us to strategically create a common language for talking about our work, to build towards collective pursuits, and to align advocacy goals.

For instance, Julia Kowaleski (episode 23), current past President of the Music Therapy Association of Ontario, spoke about the need to increase awareness of funding to provide more music therapy services, the need to educate the public, the constant demand to validate what we do, and the need for more “good” MTA jobs. As Elaine Cheung contends, at the local level this can mean having strong messaging and material shared on accessible websites (Thompson & Pringle, episode 24, 2022). Elaine Cheung also spoke about increasing research that validates music therapy services, aligning with other provincial health-care services, working towards provincial regulation, and ensuring “secure” employment for music therapists as current needs in Alberta. In Quebec, provincial leaders from the Association québécoise de musicothérapie spoke to us about the need to educate the public, that there are not enough MTAs to meet the demand and need, that the credibility of music therapists needs to be increased, and that the overarching goal is to be able to provide access to music therapy for everyone (Thompson & Pringle, episode 35, 2022).

Recent graduates have also articulated the importance of advocacy on our podcast. Yasmin Kavar spoke to music therapy education as an important consideration in professional retention and growth: “how we teach music therapy is a huge part of the profession.” As a newer graduate who has completed both undergraduate and graduate studies in music therapy, Yasmin shared her hope, saying that she wanted “music therapy to be a very normal part of health care” (Thompson & Pringle, 2022). Dan Kruger conducted interviews as part of his MA thesis, learning about the first years of the CAMT. He discovered that the women

who started the CAMT were fighters and passionate, tireless trailblazers. He noted that our advocacy initiatives today still need to focus on educating people on what a music therapist does and how that differs from the role of a music educator.

These issues have a long history. Ruth Roberts recently retired from her position at Sick Kids in Toronto, where she was the first music therapist hired in the late 1990s. Ruth shared stories of the deep impact of her work with us on the podcast. She also shared: “those initial years really involved being the person for music therapy when it came to advocacy, securing funds, public relations, clinical work, and trying to promote the profession within the hospital” (Thompson & Pringle, 2022).

Important groundwork has been laid by the first music therapists who created the CAMT in 1976 and by music therapists like Ruth Roberts who left a legacy of her clinical work and built a program that employs a team of music therapists. My hope is that the demand for advocacy of the nature that Ruth describes is going to change and that we will see music therapists who are able to focus most of their effort on the service they are providing, just as allied health professionals, physicians, nurses, and many of the other health-care colleagues are able to do.

I currently sit on the advocacy committee for the CAMT, a group that includes past presidents and vice presidents of the CAMT and provincial associations, as well as a growing number of professionals new to our field, representing as many provinces as possible. I suppose you could call this committee a think tank, and we talk strategically about the issues that we have discussed above so that we can make suggestions to the CAMT Board of Directors about where our attentions and resources might be directed. Over the years, I have come to understand that unity and strong links between the provincial and national bodies are essential to our growth. The CAMT strives to understand the changes and differences within each province as music therapists (counseling therapists/psychotherapists) become regulated by provincial colleges. Kiki Chang and Joel Klassen spoke to this and to the necessary understanding of the role the CAMT will play in continuing to support, advocate,

and connect members as these changes unfold (Thompson & Pringle, episode 7, 2021). The CAMT also plays a role in understanding how services are accessed and provided from province to province and how the CAMT can help connect and communicate nationally in supporting advocacy efforts.

Implications for Practice and Education

AP: There is much to be learned from the advice, stories, and wisdom shared by guests on the Canadian Music Therapy Podcast. Our hope is for the podcast to be used to gather information about our collective voice as music therapists across Canada and to apply that learning to advance the profession. Our vision is to continue to share the information from these and upcoming podcasts through a variety of mediums, including this article and potential educational materials for new music therapists. We also want to capture the stories that are so powerful and share them more broadly across other professions and the non-music therapy community. Collaborating in these efforts allows us to continue to advocate for integration into health-care systems, for wellness initiatives, and for making music therapy accessible to all.

Final thoughts

CT: I love that part of the fabric of the music therapy profession that relates to innovation and continuous learning. I have learned an incredible amount of information from our guests and, after doing more than 50 interviews, I feel like I am a part of this community. I respect and admire the work and advocacy that is being done across Canada to raise the profile of music therapy to hopefully integrate it across all health-care teams and increase its accessibility. We will continue to highlight the incredible work of music therapists through this podcast in hopes of being a strong part of the advocacy efforts needed to create awareness and access across Canada.

AP: Working with Cathy on the podcast to shine a bright light on Canadian music therapists has been a true highlight of my career. Identifying and reflecting on these five themes has provided me with deeper insight and purpose for our podcast journey. I am so proud of our community and am inspired and moved by each interview. Listening to the podcast, you will hear us laugh, and you will hear me moved to tears because this is what music therapy stories do—they move me. Amplifying the voices of music therapists to describe music doing the work is truly a gift. CAMT's first Executive Director Jennifer Buchanan shared a saying borrowed from JFK that we might anchor ourselves to in our work: "a rising tide lifts all boats." There are common threads that connect us to one another from coast to coast, and when we collaborate, connect, and advocate together, everyone wins.

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