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

Les perspectives des musicothérapeutes sur le statut actuel de la musicothérapie en tant que profession au Canada

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Abstract

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 who live in diverse regions of a geographically large country and work within different provincial and regional health care and education systems. Furthermore, it is not known how these diverse experiences impact upon Canadian music therapists' views of the profession. The purpose of this study was to examine Canadian music therapists' perspectives on the current state of music therapy as a profession in Canada. In Fall 2012, participants (N = 87) completed an online survey that examined their perceptions of the CAMT definition of music therapy, scope of practice, professional certification, government regulation, and professional advocacy. 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 other areas of the survey. Potential implications and recommendations for the profession and for further research are discussed.

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

Résumé

Même si la musicothérapie en tant que profession a grandement évolué depuis la fondation de l'Association de musicothérapie du Canada (AMC) en 1976, elle demeure une profession relativement jeune qui fait face à de nombreux défis. Cependant, nous ne savons pas comment ces défis sont perçus par les musicothérapeutes canadiens qui habitent les différentes régions d'un vaste pays, et comment ceux-ci travaillent au sein de divers systèmes de santé et d'éducation tant provinciaux que régionaux. De plus, nous ne savons pas comment ces expériences variées influencent les perspectives des musicothérapeutes canadiens sur la profession. Le but de cette étude vise à examiner les vues de musicothérapeutes canadiens sur le statut actuel de la musicothérapie en tant que profession au Canada. En Automne 2012, les participants (N = 87) ont remplis un sondage en ligne lequel révèle leurs perceptions de la définition de la musicothérapie de l'AMC, des champs d'application, de la certification professionnelle, de la règlementation gouvernementale ainsi que des associations professionnelles. Les résultats démontrent qu'une majorité de répondants croient que la définition de la musicothérapie de l'AMC ainsi que les champs d'application de l'association de musicothérapie de l'Ontario (MTAO) sont représentatifs de la profession actuelle et des champs d'application de la musicothérapie au Canada. Cependant, les perceptions des répondants ont été plus diversifiées dans d'autres sections du sondage. Des applications potentielles et des recommandations pour la progression et la continuité de la recherche sont discutées.

Mots clés : musicothérapie, musicothérapeute, Canada, profession, professionnalisation, sondage

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. Our national professional association, the Canadian Association for Music Therapy (CAMT) was formed in 1974 (Alexander, 1993), and this is one of the most notable of these gains. Currently, the CAMT has approximately 816 members, 541 of whom are accredited music therapists, and seven provincial chapters (CAMT, 2013). It publishes a peer-reviewed journal and hosts an annual national conference. There are six CAMT-approved university training programs that have varying types of involvement in research initiatives, two of which provide education at the master's level (CAMT, n.d.-a). A national non-profit organization called the Canadian Music Therapy Trust Fund (CMTTF) was formed in 1994 and to date has raised approximately 4.8 million dollars, which has helped to fund over 450 clinical music therapy projects across the country (W. Gascho-White,

Chair, CMTTF Board of Directors, personal communication, September 5, 2013). 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 (e.g., Canadian Broadcasting Corporation, 2011; Gordon, 2011; Jolly, Pettit, & Mahoney, 2011; Nadeau, 2011; Rooy, 2013; Ubelacker, 2013). However, in spite of these advances, Canadian music therapists still struggle to find work in their chosen profession. Insufficient funding has often been cited as the primary reason for this situation (Alexander, 1993; CAMT, 2004a, 2004b); Pearson, 2006), but the literature also indicates that there may be other important factors to consider.

The Professionalization Process

In general, a profession may be defined as the highest level of occupational functioning in a particular area (Emener & Cottone, 1989). More specifically, Imse (1960) 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. (p. 41)

Similarly, Millerson (1964) identified common traits of a profession, which include skills based upon professional knowledge, the provision of training and education, testing the competence of members, organization, adherence to a professional code of conduct, and altruistic service. Aigen (1991) stated that the field of music therapy consists of "professional standards and responsibilities, educational competencies, certification criteria, acceptable forms of practice, and the function of the accrediting bodies" (p. 80). Therefore, according to the criteria outlined above, music therapy in Canada can indeed be legitimately defined as a profession. However, the 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). It seems 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), or face impingement by other professions (Emener & Cottone, 1989). 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, (CAMT, 1994); however, in Canada potential employers (e.g., hospitals, long term care facilities, schools) may overlook hiring a music therapist and instead secure the services of amateur, semi-professional, or professional musicians. These individuals may offer various types of music programs for free or at a significantly lower rate than a professional music therapist. Other health care professionals (e.g., nurses, counsellors, recreation therapists, spiritual care practitioners) 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. 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 therapist and what activities are contained within an accredited (i.e., certified) music therapist's scope of practice (Bunt, 1994; 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). Indeed, 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 (especially prior to technological advances such as video conferencing or e-mail), and differences amongst individual associations' goals or aims (F. Herman, Canadian music therapy pioneer, personal communication, June 4, 2013).

There also could be fragmentation of music therapy in Canada in the future due to potential differences 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 establish competencies that may only be relevant for particular provinces. This may not only lead to differences among programs in term of training standards, it may also lead to even wider diversity in practice across the country (Castle-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 a 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 locations) as commonalities (e.g., similar educational backgrounds, sense of unity, and an acknowledged importance of identity) among 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 demonstrate expertise and achievement, and to recognize professional growth and lifelong learning (Miracle, 2007). In Canada, the certification process for music therapy was established in 1979 and is referred to as accreditation (Alexander, 1993). Recent assessments of the accreditation process by the CAMT Board, Canadian music therapy educators, and CAMT provincial association representatives revealed various challenges with the current system (e.g., difficulties recruiting volunteer reviewers, subjective evaluation

criteria, long processing times, and discrepancies among accreditation review board members due to lack of clear guidelines on how to review files). However, these assessments 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 (Clements-Cortés, 2012; LeMessurier-Quinn, 2007).

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 the college nor seemingly any legal means by which they could lobby to qualify to become part of the college (C. Bruce, CAMT chapters liaison, 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 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), a provincial association and a chapter of the CAMT, sought this protection through the Occupational Title Protection application (Kirkland, 2007). 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 (MTABC, 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 the government or of the opposition parties (MTABC, 2014a; Shepard, 2013).

In Quebec, organizations referred to as professional orders serve as regulatory bodies of health professions (Conseil interprofessional du Québec, 2014). In that province a small group of creative arts therapists, which includes music therapists, have been working together in an attempt to form a professional order of creative arts therapies since 2004 (S. Snow, personal communication, July 23, 2012). This ongoing effort has become especially important since the implementation of Bill 21 in June 2012, which restricts the practice of psychotherapy to those who belong to government-designated professions or orders. However, the provincial government has indicated resistance to supporting the formation of any new orders (S. Snow, personal communication, July 23, 2012). Furthermore, although advocacy efforts are ongoing, there have been varying perspectives among the creative arts therapies professionals with regard to how scope of practice should be defined, thus making it challenging to organize a united lobbying effort in this province (S. Snow, personal communication, July 23, 2012).

In Ontario, the Ontario Coalition of Mental Health Practitioners (now known as the Ontario Alliance of Mental Health Practitioners) was formed in 2002, and the Music Therapy Association of Ontario (MTAO), another provincial association and chapter of the CAMT, became a member of this group (Canadian Counselling and Psychotherapy Association, 2013; Ontario Alliance of Mental Health Practitioners, 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, music therapists (along with other mental health professionals) will qualify to apply to practice psychotherapy in spring 2014 as members of a new regulatory body--the College of Registered Psychotherapists of Ontario (CRPO), formerly known as the College of Registered Psychotherapists and Mental Health Therapists of Ontario (Castle-Purvis, 2010; College of Registered Psychotherapists of Ontario, 2014). It is important to note that this advocacy process has experienced struggles. According to the Canadian Association for Music Therapy's membership directory (2013), not all music therapists living in Ontario belong to the MTAO, 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 potential members of the CRPO have been needed to bring the matter to the attention of members of parliament and to keep it in their current awareness (J. Hedican, CAMT government regulation chair, 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 and regional health care and 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 of commonalities and differences 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.

Method

Participants

This study included music therapists who at the time of data collection were accredited members (MTAs) 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 five years were also eligible to participate. (Inactive members are those who are not currently practising music therapy but who maintain their CAMT membership under this category.) The CAMT administrative coordinator emailed the Invitation to Participate and Consent document to all eligible participants (N = 493). Accessing and completing the web-based survey confirmed each individual's informed consent to participate. A total of 87 MTAs (10 males, 74 females, and 3 who did not indicate gender) returned surveys for a response rate of 17.6%.

Materials

The first author created a survey to gather information from Canadian music therapists about their perspectives on the current state of music therapy as a profession in Canada. Drafts of the survey were reviewed by the academic advisor (the second author) as well as by two other professionals--one who had experience with survey methodology and another who had extensive knowledge about professional issues in music therapy. The survey was revised according to their feedback. The final survey and all other related correspondence were translated into French by a university translation

service and made available to all potential participants in both French and English.

The survey consisted of 20 questions. The first 12 questions gathered relevant demographic data. Challenges related to the process of professionalization (as identified in the literature and described above) were conceptualized within the profession of music therapy and used to construct eight additional survey questions that examined Canadian music therapists' perceptions of the profession (as defined by CAMT), scope of practice, professional certification, government regulation, and professional advocacy. For these eight questions, respondents rated their perceptions on a 5-point Likert scale (*1* = *strongly disagree* to *5* = *strongly agree*) and were also asked to provide additional qualitative information to help explain the answers that they chose. Respondents could skip any question, and the missing data were taken into account in the data analyses.

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 email addresses were unknown to the authors or SurveyMonkey. All information gathered was stored in a secure, password-protected location.

Data Analysis

Two weeks after the designated deadline, the survey was closed and the anonymous data was downloaded to a password-protected computer to ensure safe and ethical storage of data. 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. Given the small sample size and the unique population of interest, results that approached 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. Qualitative data gathered from participants' written responses were used to inform the interpretation of the quantitative results. Responses written in French were translated into English by a university translation service.

Results

Demographic Characteristics

The average age of respondents was 40.92 years, *SD* = 11.44. Skewness and kurtosis fell within acceptable parameters. Twelve people did not indicate their age. Twelve respondents (13.8%) completed the survey in French and 75 (86.2%) completed the survey in English. (The 12 who responded in French were from the province of Quebec; seven additional respondents from Quebec completed the survey in English.) Table 1 contains frequencies and percentages pertaining to other demographic characteristics.

A one-way ANOVA revealed a significant main effect for number of years practising music therapy on place of residence, $F(4,75) = 3.30$, $p = .02$. A post hoc analysis using the LSD procedure indicated that collectively, respondents from British Columbia had a significantly higher number of years practising music therapy than respondents from the Atlantic provinces ($p = .003$), Quebec ($p = .01$), Ontario ($p = .03$), and the Prairie provinces ($p = .004$). 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.) A statistical trend also suggested that male respondents might have had a higher number of years of practising music therapy than female respondents, $F(1,81) = 2.78$, $p = .10$, but 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	*N*	*f*	Percentage[1]
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 degree		51	60.0
Postgraduate certificate/diploma		13	15.3
Master of Music Therapy degree		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

[1] Percentages are based on the total *N* (number of respondents) for each question and rounded to the nearest tenth.

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.

Current Perceptions of the Profession and Scope of Practice

A majority of respondents (92.9%) either agreed or strongly agreed that the following definition of music therapy, which was established by the CAMT in 1994, represents the current profession in Canada:

> Music therapy is 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. (CAMT, n.d.-b)

Likewise, 89.0% of respondents felt that the MTAO scope of practice statement, established in 2010, represents current practice in Canada:

> 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. (MTAO, n.d.)

Table 2

Current Perspectives of Canadian Music Therapists

Variable	*N*	*f*	Per
CAMT definition of music therapy represents the profession as it is currently practiced in Canada	84		
Strongly disagree		0	
Disagree		0	
Neither agree nor disagree		6	
Agree		54	
Strongly agree		24	
Scope of practice statement reflects current music therapy practice in Canada	82		
Strongly disagree		0	
Disagree		2	
Neither agree nor disagree		7	
Agree		51	
Strongly agree		22	
Scope of practice statement reflects current music therapy practice in respondent's province/territory	81		
Strongly disagree		0	
Disagree		5	
Neither agree nor disagree		11	
Agree		47	
Strongly agree		18	
Current Canadian accreditation process achieves criteria for professional certification	82		
Strongly disagree		5	
Disagree		13	
Neither agree nor disagree		12	
Agree		30	
Strongly agree		22	
Government regulation of music therapy is a relevant issue in the respondent's province	83		
Strongly disagree		2	
Disagree		5	
Neither agree nor disagree		17	
Agree		21	
Strongly agree		38	
Government regulation of music therapy in other provinces will impact the respondent's province	81		
Strongly disagree		1	
Disagree		2	
Neither agree nor disagree		18	
Agree		43	
Strongly agree		17	
Music therapists in Canada are effectively advocating for their profession	82		
Strongly disagree		2	
Disagree		13	
Neither agree nor disagree		28	
Agree		33	
Strongly agree		6	
Music therapists in the respondent's province are effectively advocating for their profession	83		
Strongly disagree		3	
Disagree		9	
Neither agree nor disagree		25	
Agree		39	
Strongly agree		7	

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).

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, $r(82) = .52$, $p < .001$. 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, $r(81) = .37$, $p = .001$. 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, $r(81) = .75$, $p < .001$. 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 (Atlantic provinces, $p = .003$; Quebec, $p = .008$; Ontario, $p = .03$; Prairie provinces, $p = .004$).

Current Perceptions of Professional Certification

Professional certification, as defined by Miracle (2007), 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 credential is granted by the organization or association that monitors and upholds the prescribed standards for the particular profession involved. (p. 72)

Only 63.4% of respondents agreed or strongly agreed that the CAMT's current accreditation process (current in Fall 2012) achieves the necessary criteria for professional certification. However, those who felt that the CAMT definition is representative of the current profession in Canada, $r(82) = .48$, $p < .001$, or who felt that the scope of practice statement is reflective of current practice in Canada, $r(82) = .36$, $p = .001$, or who felt that the scope of practice statement is reflective of current practice in their provinces, $r(81) = .33$, $p = .003$, were all somewhat more likely to feel that the current accreditation process achieves the criteria for professional certification. 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, $F(4,74) = 2.85$, $p = .03$. 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: Atlantic provinces ($p = .01$), Ontario ($p = .05$), Prairie provinces ($p = .04$), British Columbia ($p = .05$). 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, $F(1,80) = 9.78$, $p = .002$. However, 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, $r(83) = .22$, $p = .04$, or who felt that the scope of practice statement is reflective of current practice in Canada, $r(82) = .27$, $p = .02$, or who believed that the current accreditation process meets the criteria for certification, $r(82) = .28$, $p = .01$, were all slightly more likely to feel that government regulation is a relevant issue in their province. 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, $F(4,74) = 7.08$, $p < .001$. 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 ($p = .001$), Ontario, ($p < .001$), and British Columbia ($p = .05$). Respondents from Ontario were significantly

more likely than respondents from the Atlantic provinces ($p < .001$), the Prairie provinces ($p < .001$), and British Columbia ($p = .03$) 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 ($p = .002$) and Ontario ($p < .001$) 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 ($p = .03$) but significantly more likely than respondents from the Atlantic provinces to believe that it is a relevant issue in their province ($p = .05$). 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 ($p = .001$) or the Prairie provinces ($p = .002$). A statistical trend also suggested that French language respondents might 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, $F(2, 80) = 3.54$, $p = .03$. Post hoc analyses using the LSD procedure indicated that respondents with advanced training in music therapy (master's 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 ($p = .01$). (Given the small number of PhD respondents, those with master's and PhD degrees were collapsed into one category for analyses involving levels of music therapy education).

Many 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, $r(81) = .39$, $p < .001$. 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, $F(1,79) = 4.68$, $p = .03$. Accordingly, for geographic region, a significant main effect was found for the belief that government regulation in other provinces

will impact on music therapy in the respondents' provinces, $F(4, 72) = 2.66$, $p = .04$. Post hoc analyses using the LSD procedure indicated that respondents from Quebec were significantly less likely than respondents from the Atlantic provinces ($p = .01$), Ontario ($p = .01$), and the Prairie provinces ($p = .06$) to believe that government regulation in other provinces will impact music therapy in their province.

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, $r(82) = .55$, $p < .001$. 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, $r(82) = .26$, $p = .02$. 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, $r(80) = .25$, $p = .02$ and somewhat more likely to feel that music therapists are effectively advocating for the profession in their provinces, $r(81) = .31$, $p = .01$. 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, $r(81) = .33$, $p = .003$. 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 might have believed less strongly than respondents from the Atlantic

provinces (p = .02), Quebec (p = .09), and the Prairie provinces (p = .06) 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 (p = .04). 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, $r(83) = -.23$, $p = .04$.

Discussion

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 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. One respondent stated that "[the definition] is comprehensive while still encompassing diversity in practice." Others commented, "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 "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 on average 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), and the MTABC became the first official provincial chapter of the CAMT in 1982 (MTABC, 2014b). As previously noted, advocacy efforts related to government regulation have been happening in British Columbia for more than 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. 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 that "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 very likely that revisions will need to be made in the near future.

The written 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:

> "Music therapists know this; however, most Canadians do not."

> "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."

Potential implications of these perspectives will be discussed below.

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 (89.0% 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 the statement was developed to address scope of practice in Ontario only. It was used for this study as it is the only "official" music therapy scope of practice document that exists in Canada. In fact, one respondent asked, "Where did you get this? I have been looking for a scope of practice for an employer." It may 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."

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:

> "Generally speaking, I agree. 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."

> "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."

> "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:

> "Because of provincial laws, music therapy methods vary from one province to another."

> "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. Potential implications for the profession and recommendations for future research will be addressed below.

Canadian Music Therapists' Perceptions of Professional Certification

Only 63.4% of respondents agreed or strongly agreed that the accreditation process in place at the time of the survey (Fall 2012) achieves the necessary criteria for professional certification. Although some respondents' comments contained supportive elements, all comments but one (36 comments in total) indicated specific problems and challenges that respondents perceived with regard to the current accreditation process:

- The subjective nature of the process and possibility for human error.

  "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."

- Failure to meet a high degree of excellence and standards of knowledge.

  "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."

- Lack of credential recognition by other professionals.

  "I think it is a start, but it is only as successful at denoting professional certification as is recognized by professional bodies outside CAMT."

- Failure to evaluate musical skill.

  "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."

- Failure to measure ongoing education and professional development.

  "[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 continuing education credits to maintain accreditation

(MTA) status, 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 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 because fewer files are submitted in French, it generally takes less time for French accreditation files to be processed than English files (A. Lamont, CAMT accreditation chair, personal communication, June 5, 2013). Furthermore, a smaller number of French submissions require fewer French than English accreditation review board teams, which may mean that the evaluation standards are more consistent for French files. 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 noted earlier, 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 a pressing need for the current process to be reviewed and modified in order 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 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 in 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 respondents from Quebec were significantly less likely than respondents from other geographic regions 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 laws of their province distinguishes them from other provinces and thus distinguishes their regulatory 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 (briefly outlined above) have left them feeling isolated and disconnected from other parts of the country that 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:

> "With each province that is regulated, it can set a precedence and provide a template or example, potentially"
>
> "I think regulation in one province could facilitate quicker development of regulation in other provinces."

In principle, this study's results support modifications of the Accreditation Process implemented by CAMT in September 2014. Further modifications may still need to be considered.

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 of these respondents indicated concerns with regard to current advocacy efforts (or lack thereof) within Canada or their provinces:

- Lack of unified efforts.

  "We could be more unified and involved with advocacy. Some are carrying the brunt of the work."

- Lack of national leadership.

  "I think some try, but it is not a coordinated effort, and I don't feel that CAMT offers any leadership in this area."
  "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 the ethics committee to be advocating on our behalf on a larger scale. There is more power in many voices."

- Lack of individual involvement.

  "I basically feel that the average music therapists tend to leave it up to someone else to advocate, unless it directly affects their income."
  "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."

- Differences between provinces.

  "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."

- Being reactive rather than proactive.

  "I don't necessarily think that we are effectively advocating for our profession. Many efforts . . . 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."

- Lack of resources.

  "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, Québec, 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 CRPO 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 other health professionals and the public or a need to feel more 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 (17.6% response rate). 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., those not yet accredited). Additionally, the sample may have been biased in that persons who were most interested in or involved with music therapy professional issues 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. However, the level of social desirability bias is difficult to assess, given that only 32% of respondents chose to provide additional information to explain their survey question answers.

Potential Implications and Recommendations 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 what McMaster (cited in Howard, 2009, p. 6) referred to as "the often challenging negotiations between Canadian music therapists who had been trained in different countries and different traditions." Therefore, the current authors would like to recommend that a scope of practice document be developed through a national practice analysis survey, similar to that which is conducted by the Certification Board for Music Therapists every five years in the United States. The results of this inquiry 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 relocate and work in different 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 authors also recommend that developing such an initiative be a priority area of consideration for the CAMT board and provincial associations.

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 not only to closely monitor these credentials but also to educate the public about the meaning of the credential. Therefore, in addition to the efforts that are currently underway in revising the accreditation process, the current authors would like to recommend that the CAMT and the provincial and regional associations make increased organized efforts to educate the public, relevant professions, and other potential stakeholders

(e.g., government representatives, health care managers, funding sources) about the meaning and relevance of the MTA credential.

Finally, many respondents expressed concern with regard to lack of effective professional advocacy initiatives. This is in line with Myers and Sweeney (2004), who surveyed counsellors regarding the importance of advocacy. They found that the lack of a coordinated effort among counselling 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, in a study by Jugessur and Iles (2009), nurses who did not have clear advocacy definitions and training from professional organizations were found to lack necessary skills, knowledge, and support to advocate effectively.

Therefore, the current authors would like to recommend

- that the CAMT and provincial associations work together to organize advocacy initiatives that take both national and regional needs and perspectives into account,
- that the CAMT re-establish the currently defunct professional advocacy committee and include representation from all of the provincial and regional associations, and
- that the CAMT develop continuing education training opportunities such as online courses and conference workshops.

These steps would inform Canadian music therapists about the need for advocacy, address perceived issues of apathy and barriers as they relate to advocacy, and provide members with the knowledge, resources, and skills they need for organizing more effective advocacy initiatives.

Recommendations for Research

As previously noted, the scope of the present study was delimited to explore key aspects of the profession (i.e., definition of music therapy, scope of practice, accreditation, government regulation, and professional advocacy) in a general way. Taking the results of the current study into account, each one of these areas could 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 inquiry, it is important to note that several respondents expressed concerns or fears related to government regulation:

> "I see the benefits of government regulation but fear the changes."

> "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 [that] 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, 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 celebrates its 40th anniversary, this seems like an appropriate time to examine where we are at as a profession and to consider potential future directions while 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 and thrive.

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